

C 4488

CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1953

BY

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H.,

Principal School Medical Officer.

LIBRARY OF THE
PUBLIC HEALTH SERVICE

CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

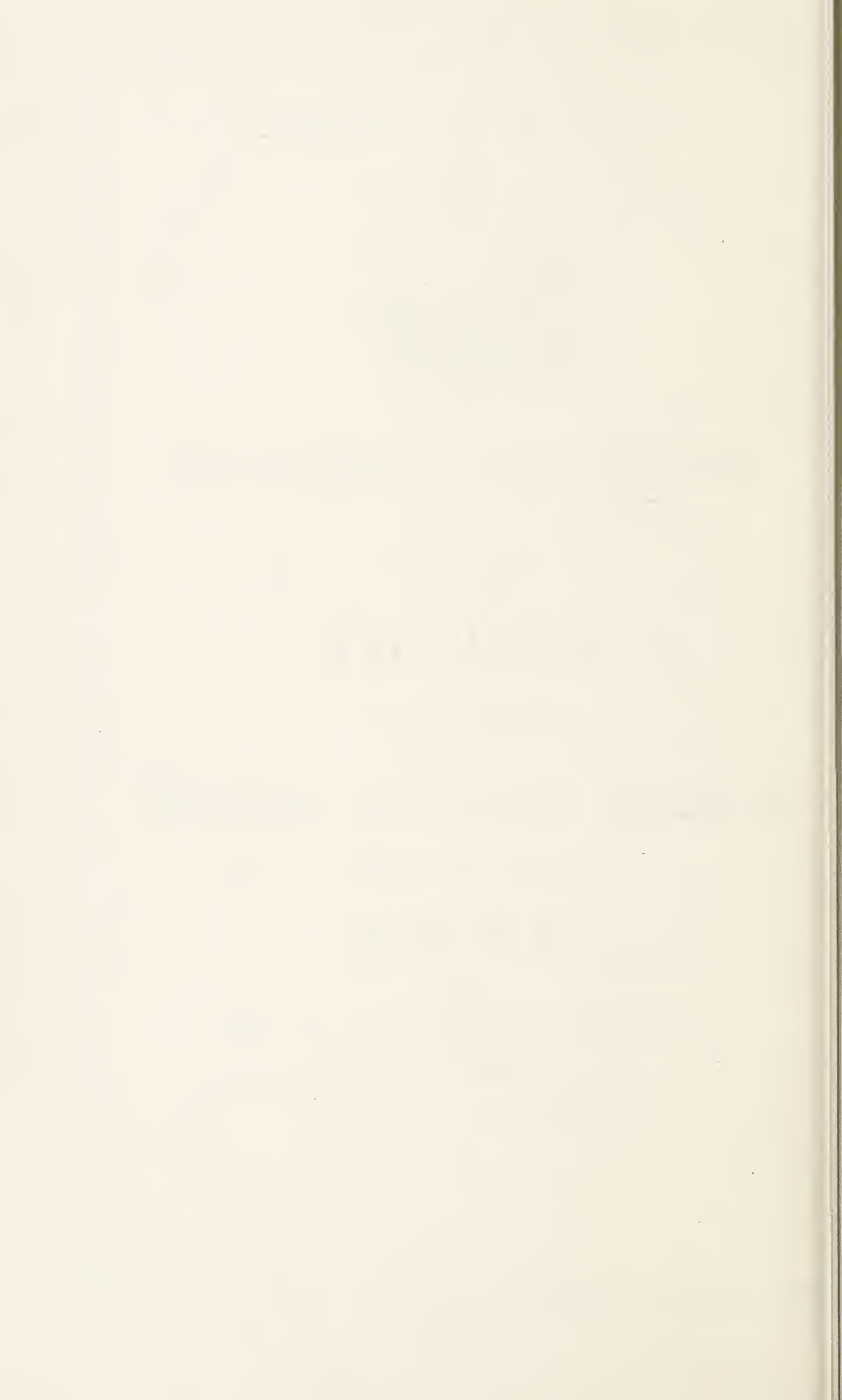
FOR THE YEAR

1953

BY

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H.,

Principal School Medical Officer.



INDEX.

	PAGE
Adenoids	21
Aural Clinics	20
Blind Pupils	47
Cerebral Palsy	56
Child Guidance	31
Children and Young Persons Act, 1933	42
Child Welfare Association	25
Cleansing of Pupils	27
Clothing	29
Deaf Pupils	48
Defective Vision	19
Defective Vision—Special Classes	47
Delicate Pupils	50 and 56
Dental Work	23 and 63
Ear Diseases	19
Educationally Sub-normal Pupils... ..	56
Employment of Pupils	42 and 63
Epileptics	50
Footwear	30
General Condition	11
Handicapped Pupils... ..	47 and 63
Heart Clinic	22
Heights	11
Home Teaching	61
Infectious Diseases	40
Inoculations	41
Introduction... ..	9
Maladjusted	59
Meals, Provision of	16
Milk Scheme	18
Minor Ailments	26
Nursery Schools and Classes	43
Orthopædic Scheme	24

	PAGE
Partially-deaf Pupils	48
Partially-sighted Pupils	47
Physically Handicapped Pupils	52 and 56
Scabies	27
School Premises	43
Special Schools	47
Speech Therapy	61
Staff	5, 6 and 7
Tonsils and Adenoids .. .	21
Tuberculosis	39
Uncleanliness	27
Vaccination	41
Verminous Children	27
Verrucae	27
Vision	19
Weights	11

APPENDICES :—

A. Statistical Tables for Ministry of Education.

Numbers Inspected, etc.	64
Return of defects found	65
General Condition, Classification	66
Treatment of Defects	67

B. List of School Clinics 70

STAFF

Principal School Medical Officer.

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H.

(also Medical Officer of Health).

Deputy Principal School Medical Officer.

G. S. ROBERTSON, M.D., L.R.C.P., L.R.C.S., L.R.F.P. & S.

Senior School Medical Officer.

A. M. BROWN, M.B., Ch.B., D.P.H.

Whole-time School Medical Officers.

MURIEL C. ANDREWS, M.B., Ch.B.,
D.C.H., D.P.H.

A. H. BAYNES, M.A., B.Sc.,
M.R.C.S., M.R.C.P., M.B.,
B.Chir. *(From 25.11.53)*

MARGARET C. BLACK, M.B., Ch.B.,
D.(Obst.), R.C.O.G.,
(From 12.1.53).

J. D. BRYAN, M.B., Ch.B., D.P.H.
R. BURNS, L.R.C.P., L.R.C.S.,
L.R.F.P.S. *(From 8.6.53).*

MARY P. COULTER, L.R.C.P.,
L.R.C.S.I. *(From 1.10.53).*

CATHERINE S. ELLAMS, M.B.,
Ch.B., D.P.H.

M. GODWIN, M.B., Ch.B.

PAMELA P. GRIFFITH, L.R.C.P. & S.,
L.R.F.P. & S.

WALTER S. HALL, M.R.C.S.,
L.R.C.P.

HILARY M. HAWKINS, M.B., B.S.
(Resigned 28.3.53).

MILDRED V. HOPE, M.R.C.S.,
L.R.C.P.
(From 9.3.53 to 31.8.53).

MARY F. LACEY, M.D., Ch.B.

GRACE E. McCONKEY, M.B., Ch.B.,
B.A.O., D.C.H.

ROSEMARY M. MILLS, M.B., B.Ch.,
B.A.O. *(Resigned 24.11.53).*

JEAN D. PHILLIPS, M.B., Ch.B.
(From 2.11.53).

FLORA S. QUIN, M.B., Ch.B.

IRENE W. SIMPSON, M.B., Ch.B.,
D.P.H.

CHRISTINA E. C. STEAD,
L.R.C.P. & S., L.R.F.P. & S.

G. R. THORPE, M.B., Ch.B., D.P.H.

MARGHERITA N. WALDEN, M.B.,
B.S.

Part-time School Medical Officer.

ELIZABETH P. DUNCAN, M.B., Ch.B.

Principal School Dental Officers.

T. H. PARSONS, L.D.S., R.C.S.(Eng.). *(Retired 31.3.53).*

L. C. WINSTANLEY, T.D., L.D.S. *(From 1.6.53).*

Whole-time School Dental Officers.

ELEANOR A. D. CARR, L.D.S.	W. J. MEAKIN, L.D.S., R.C.S.
C. R. COOPER, L.D.S.	(Eng.). (From 16.3.53).
SABINE DARTOIS, L.D.S., R.C.S.	JANE S. MEIKLE, L.D.S.
(Eng.). (From 26.5.53).	G. E. NEVINS, L.D.S.
MARY P. FLETCHER, L.D.S.	(From 8.1.53).
CATHERINE P. HURST, L.D.S.	JEAN C. REGER, L.D.S.
(From 1.9.53).	(From 1.5.53).
BARBARA E. JONES, L.D.S.	KATHLEEN R. RYAN, L.D.S.
R. MARSHALL, B.D.S.	(From 18.5.53).
J. W. MARTIN, L.D.S.	J. A. WOOD, L.D.S.
	W. F. WREN, B.D.S.

Part-time School Dental Officers.

G. S. BALL, L.D.S.
 J. P. BLACOE, L.D.S.
 ZILLAH A. FAIRHURST, L.D.S., R.C.S (ENG.).
 CATHERINE T. GREEN, L.D.S.
 J. JONES, L.D.S., R.C.S.(Eng.), M.P.S.
 L. D. KRAMER, B.D.S., R.C.S.(Eng.).
 J. F. MORGAN.
 F. PATTON.
 L. TURNER.
 DOREEN F. WILSON, L.D.S.

Dental Hygienist.

MARGUERITE KENT.

Psychologist.

M. CHAZAN, M.A.

Senior Speech Therapist.

W. G. GOOD, L.C.S.T.

Speech Therapist.

AINSLIE M. KEIR, L.C.S.T. (*Resigned 31.5.53*).

Part-time Specialist Officers.

Oculists.

DAVID BLACK, M.B., B.Ch., B.A.O., D.O.M.S. (Also Visiting Oculist
 for Partially-sighted Children).
 NORMAN DONALDSON, M.B., B.Ch., B.A.O., D.O.M.S.
 NORA M. ENGLISH, M.B., B.Ch., B.A.O., D.O.
 JOHN N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.

Orthopaedic Surgeons.

H. G. A. ALMOND, M.R.C.S., L.R.C.P., M.B., Ch.B., M.Ch.(Orth.),
F.R.C.S.

F. C. DWYER, M.B., F.R.C.S., M.Ch.(Orth.).

R. ROAF, M.A., M.R.C.S., L.R.C.P., B.M., B.Ch., F.R.C.S.E.,
F.R.C.S., M.Ch.(Orth.).

Senior Physiotherapist.

GERALDINE M. WILLIAMS, S.R.N., M.C.S.P.

Physiotherapist.

MARJORIE C. QUINN, M.C.S.P.

Paediatric Consultant.

JOHN D. HAY, M.A., M.D., M.R.C.P., D.C.H.

Psychiatrists.

IVAN LEVESON, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

H. S. BRYAN, M.R.C.S., L.R.C.P.

*Surgeon i/c of Aural Scheme and Aurist for Crown Street School
for the Deaf.*

COURTENAY YORKE, M.D., F.R.C.S.

Approved Officers for Educationally Sub-normal Children.

WILHELMINA L. DEVLIN, M.B., Ch.B., D.P.H., D.P.M.

F. HOPKINS, M.D., B.Ch., B.A.O.

School Nurses, Etc.

Superintendent: Miss M. SNODDON.

Deputy Superintendent: Miss W. K. POOLE.

Also:—45 Permanent nurses.

17 Temporary nurses.

8 Nursing Assistants.

13 Clinic Helpers (including 9 part-time).

18 Dental Attendants.

Clerical.

Senior Administrative Assistant: Mr. C. CRESSWELL.

Also:—47 Clerks.



CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

REPORT of the PRINCIPAL SCHOOL MEDICAL OFFICER for the Year ended 31st December, 1953.

Introduction.

The Principal School Medical Officer submits herewith his Report on the work of the School Health Service for the year 1953.

1. The main innovation during the year was the introduction of nursing assistants to aid the school health visitors in carrying out cleanliness surveys in the schools. Eight such assistants commenced work in January, 1953. This change has been a success, and the school health visitors have been relieved of much of this work which formerly occupied about 20 per cent. of their time.

The effort to free children from verminous infestation is being pursued vigorously. Whereas the main effort is directed towards educating parents how to keep their children clean, a certain number of parents, not following the advice given, continue to spread infestation amongst other children. With this latter group it is the policy, where necessary, to bring prosecutions against the parents. In 1951, 12 such prosecutions were brought; in 1952 this number had increased to 28 ; and during 1953 the number was 59. It is our intention to continue with this policy.

During the year the work of the nurses in special schools was reviewed as it was felt that they were undertaking too many trivial duties, which were a waste of their skilled training. Their work has now been arranged

so that approximately 50 per cent. of their time is occupied in following up the children absent from the special schools.

2. In March, Mr. Parsons, the Senior Dental Officer, retired on account of ill-health. It is a pleasure to report that his health had recently greatly improved.

When appointed in 1924, Mr. Parsons was not only the first Senior Dental Officer but the first whole-time dental officer. The dental staff at that period consisted of 5 part-time officers, giving 18 sessions per week. The clinic accommodation consisted of 2 basement rooms, a room in an industrial school, and rooms at the Dental Hospital. The provision which exists today is evidence of the great progress made in thirty years. Mr. Parsons took a leading part in the improvements which have been made and can feel well satisfied with what was practically a lifetimes work.

In June, 1953, Mr. L. C. Winstanley, was appointed Principal School Dental Officer, to succeed Mr. Parsons.

It is gratifying to report that the dental staff increased during the year from the equivalent of 13 to 19 school dental officers, and that in October the Committee increased the establishment from 19 to 24 dental officers.

3. At the commencement of the year Miss Kent joined the staff as dental hygienist. Her time is divided amongst a number of the dental clinics and her help is found to be most valuable. She also takes part in health education and frequently gives talks upon dental hygiene to the school children at the times when the school is having a dental inspection.

4. I would draw special attention to the section on the Child Guidance Service. A careful perusal of it shows the skilled attention given to these unhappy children and indicates that very good results are obtained.

5. In the section of the Report upon Handicapped Pupils considerable space is devoted to the descriptions by Heads of Schools of the activities which take place in their establishments. These descriptions reveal the efforts that are being made to bring the children as near normality as possible.

The facilities afforded for handicapped pupils in Liverpool are reaching a very satisfactory level. There is still a need for considerable increase in the provision of places in day special schools for educationally sub-normal pupils.

The work carried out by this Service benefits much by close co-operation from general practitioners and the hospital service. It is pleasing to report that such co-operation is very satisfactory in this area.

6. The Medical Officer expresses his appreciation to the Director of Education for supplying many items incorporated in the body of this Report, particularly in connection with the work of the Special Schools, the Youth Employment Bureau, the School Meals Service, and the School Welfare Branch.

7. I desire to express my thanks to the Chairman and Members of the School Health Services Sub-Committee for their courtesy and interest in the recommendations that have been brought before them.

I also wish to take this opportunity of thanking the Deputy Principal School Medical Officer (Dr. Robertson), the School Medical Officers, the School Dental Officers, the School Nurses, and other members of the staff for their loyal, efficient, and conscientious work during the year.

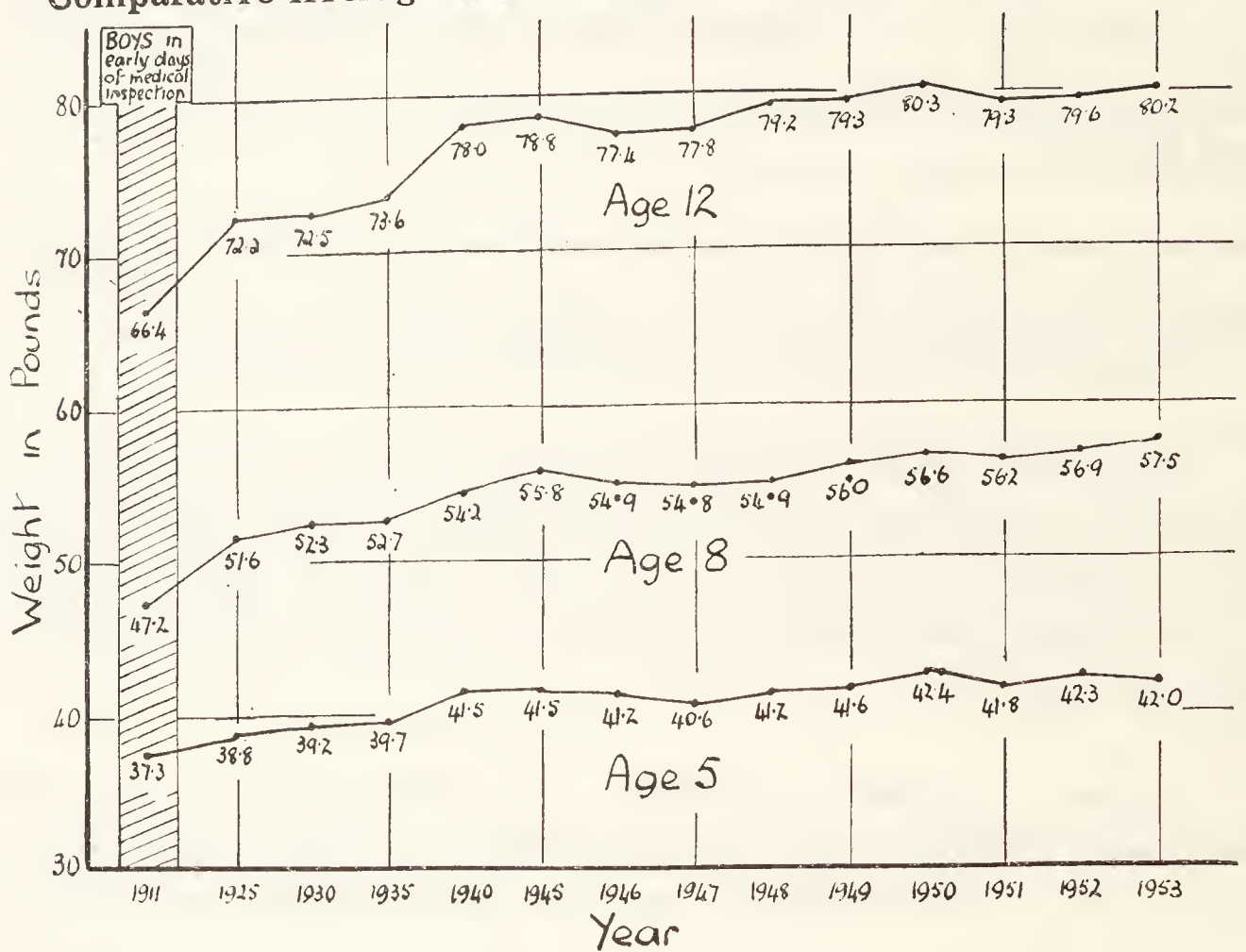
GENERAL CONDITION.

8. Judged by results of the classification of the children examined at the periodic medical inspections, the general condition of the Liverpool children is very good. It must be remembered that the term "fair" in this connection implies that the child's condition is at least normal. Only .7 per cent. were classified as poor.

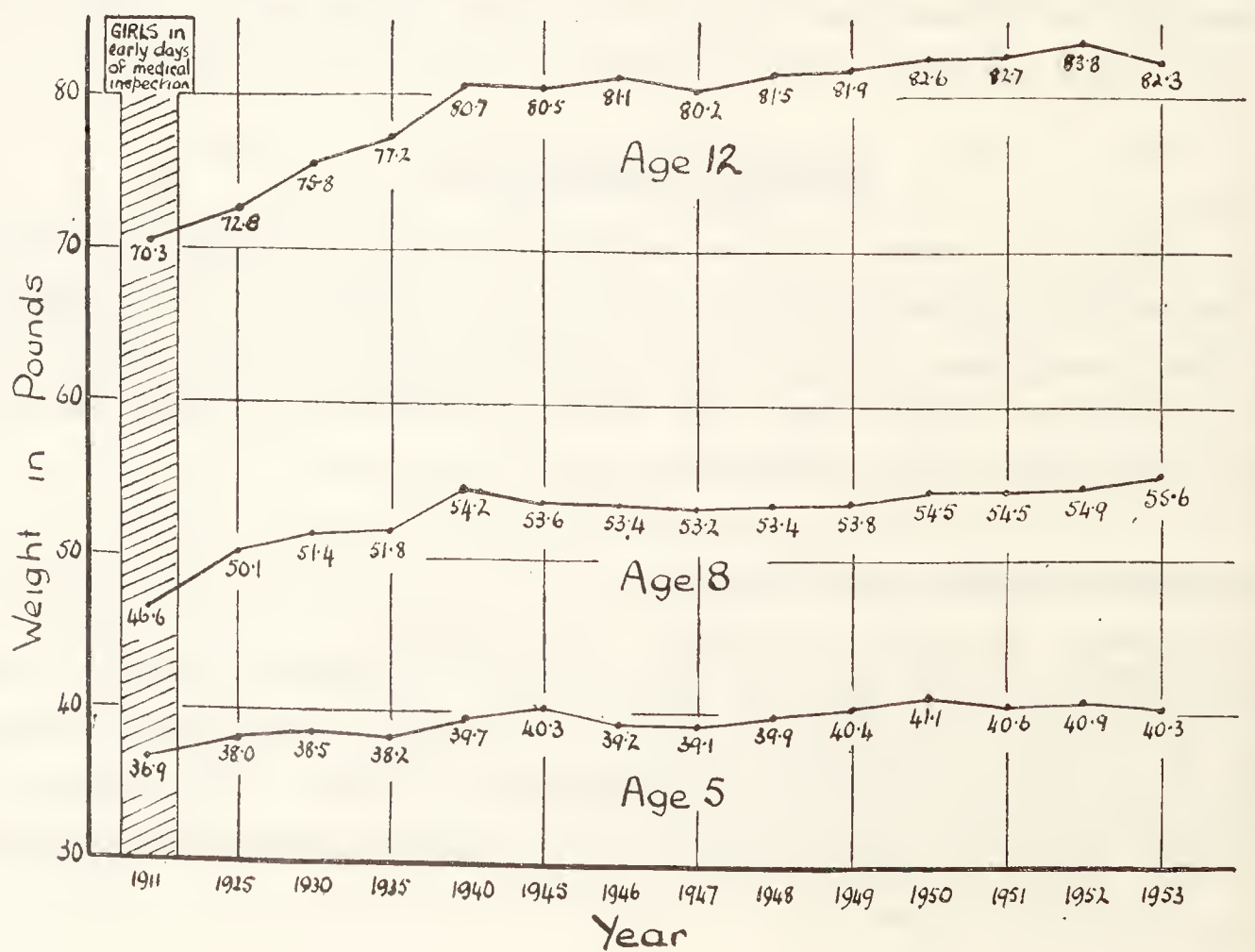
Comparative Heights and Weights.

The graphs showing the heights and weights of selected groups of school children show that the improvement which took place in the early war years is being maintained. This improvement was no doubt due to many children receiving a better balanced diet than previously. It would, therefore, appear that the dietary habits in many homes have been permanently improved.

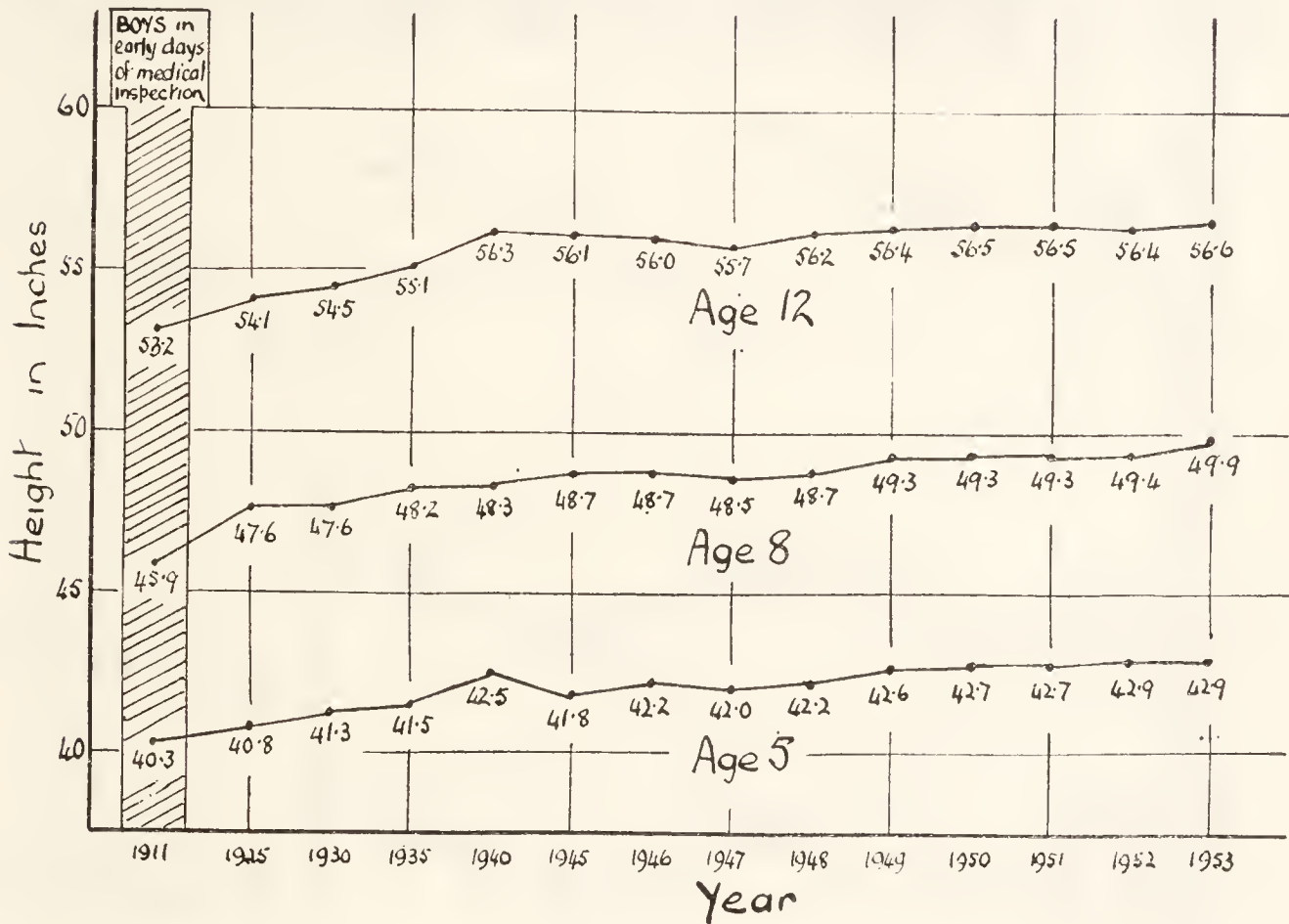
Comparative Average WEIGHTS of BOYS, Ages 5, 8 and 12.



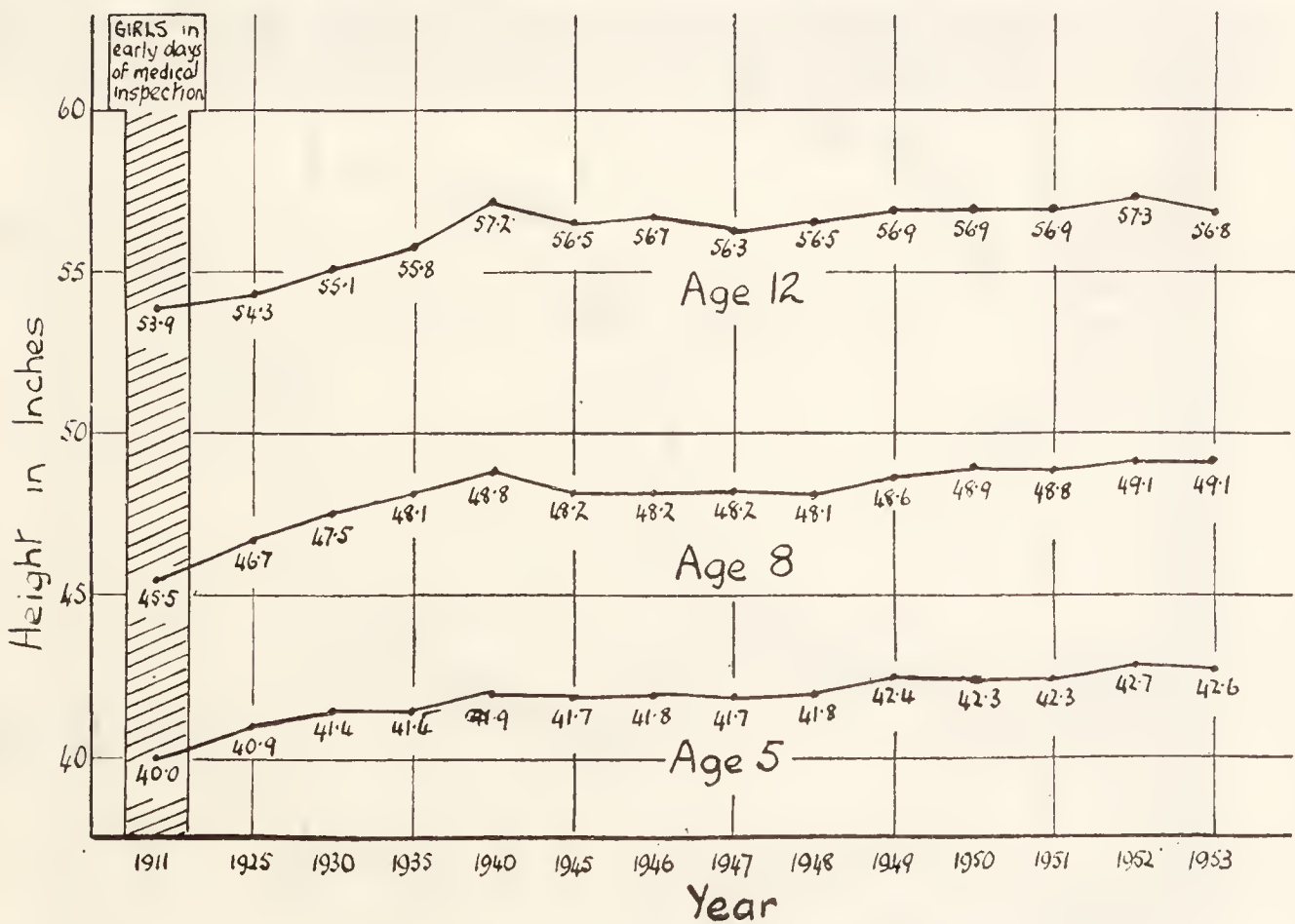
Comparative Average WEIGHTS of GIRLS, Ages 5, 8 and 12.



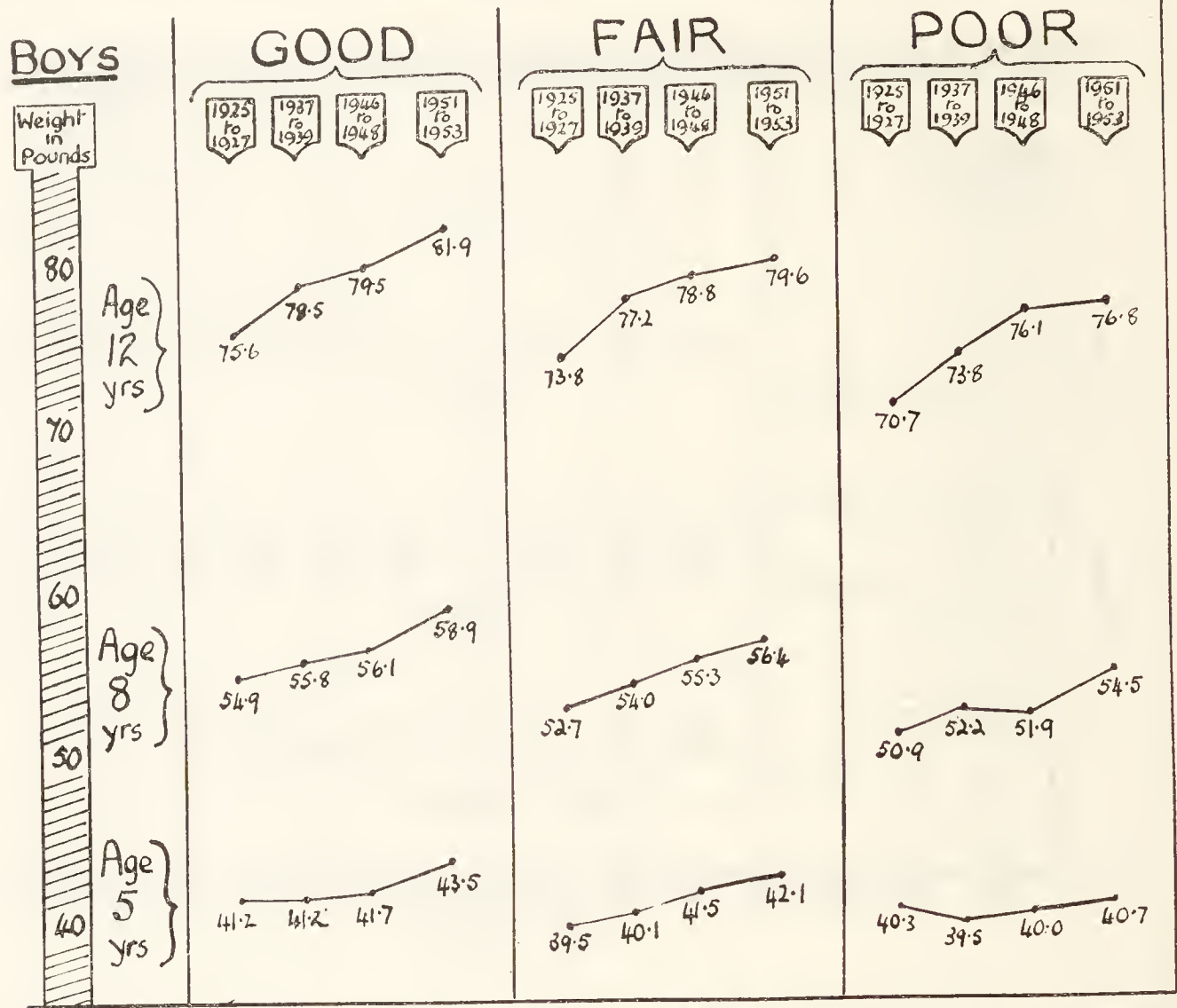
Comparative Average HEIGHTS of BOYS, Ages 5, 8 and 12



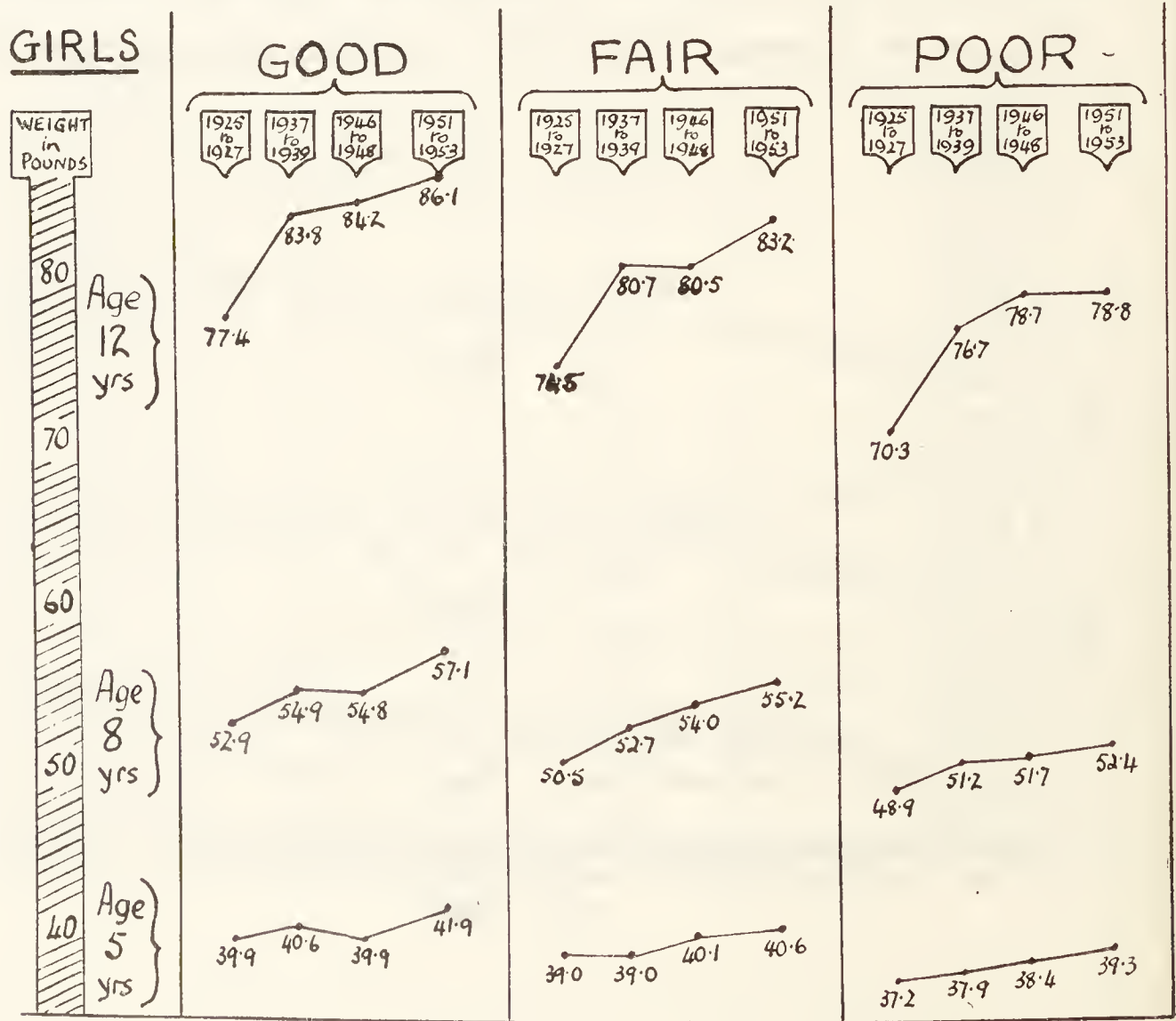
Comparative Average HEIGHTS of GIRLS, Ages 5, 8 and 12.



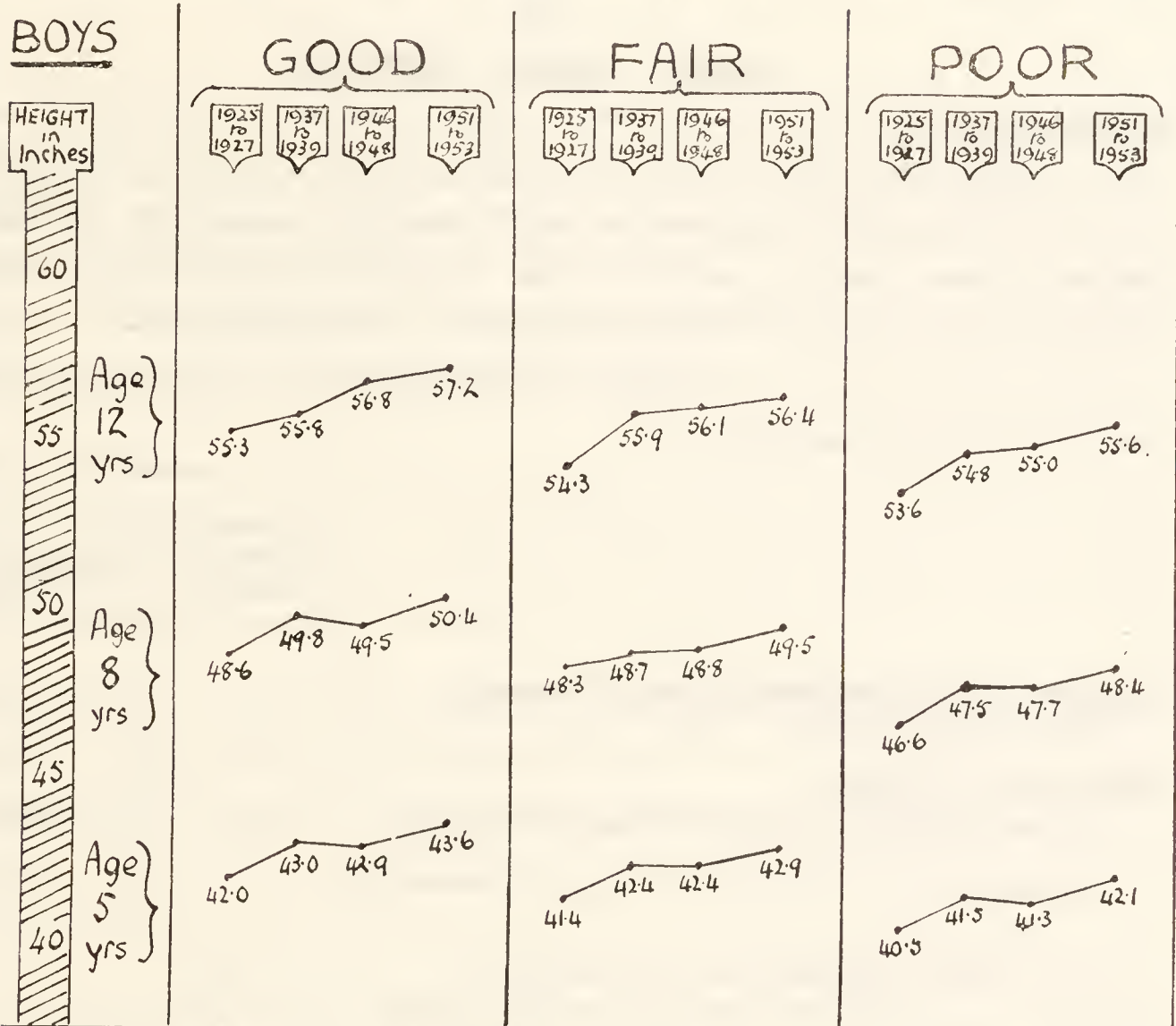
Comparative Average WEIGHTS of BOYS in four 3-year periods.



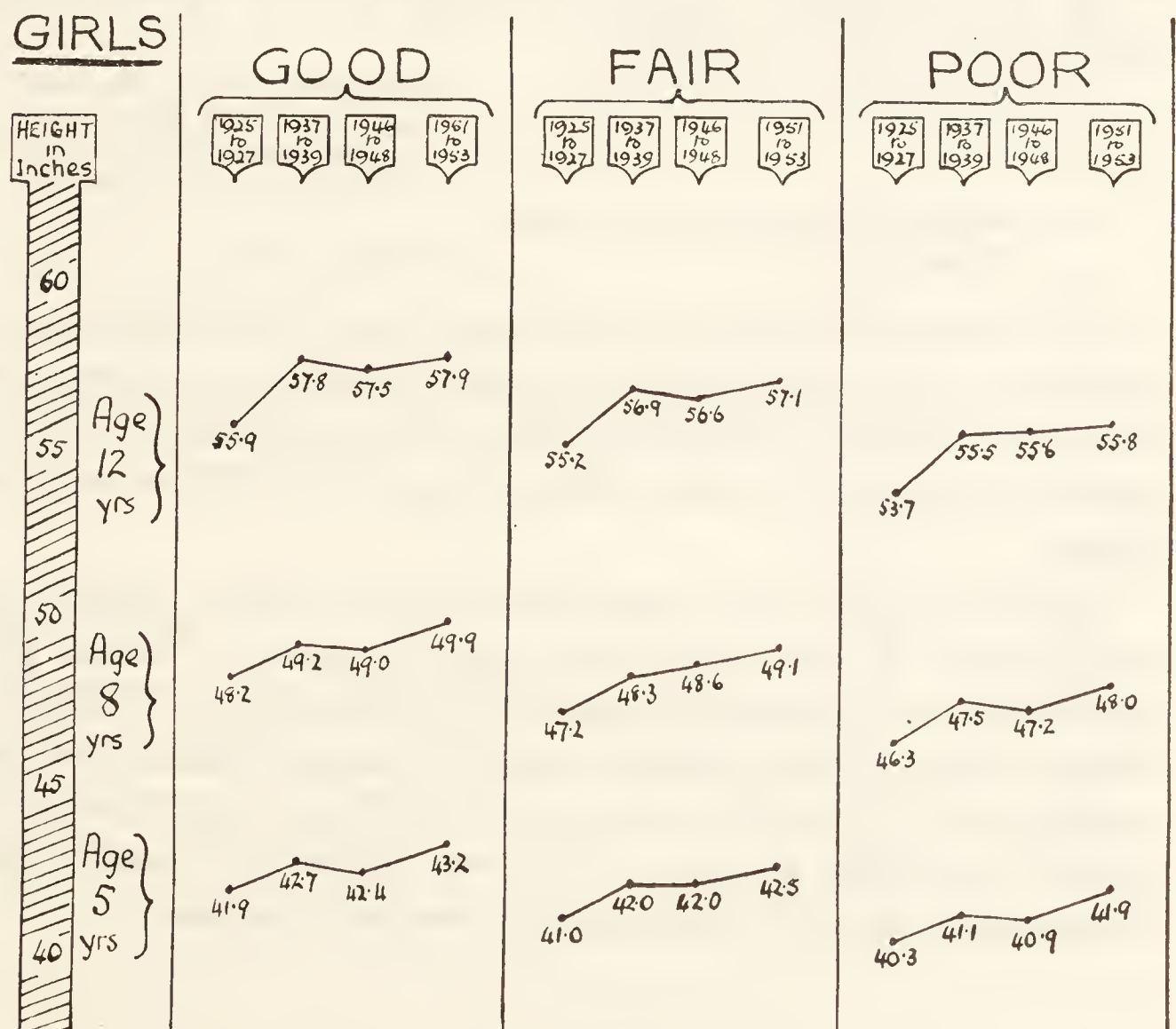
Comparative Average WEIGHTS of GIRLS in four 3-year periods.



Comparative Average HEIGHTS of BOYS in four 3-year periods.



Comparative Average HEIGHTS of GIRLS in four 3-year periods.



SCHOOL MEALS SERVICE.

Establishments.

9. At the end of the year, the total number of canteens in operation was 239 serving 425 departments and obtaining meals from 78 kitchens. Canteens were also in service at the College of Commerce, 4 Evening Institutes and 4 other Further Education Establishments.

The undermentioned Kitchens and Dining Rooms were opened during the year for the first time :—

	Kitchen Capacity (Meals).	Seating Capacity (2 Sitzings).
Combined Kitchens and Dining Rooms in Schools.		
Speke, Alderwood C.P.	*	250
Dining Rooms in Schools.		
Broughton Hall Secondary Grammar (Extension)...	—	†350
Childwall C.E. (in premises of Liverpool Orphanage)	—	400

NOTE.—* Kitchen to be opened later.

† To replace dining accommodation in School Hall.

10. The following kitchens and canteens were closed during the year for the reasons indicated :—

Longmoor Lane Central Kitchen	...	Deterioration of fabric and equipment and high cost of reinstatement. Meals provided from other Kitchens.
Fazakerley (Junior Boys) C.P. School,		
Cottage Homes	... ..	Closure of School.

11. The rapid expansion of school provision in the Speke area created problems in the reorganisation of canteen facilities, in order to provide meals for children transferred to the new school premises. It has been possible to supply the meals without delay for all children who required them.

During the year, the Committee approved minor projects for the improvement of the cooking and dining facilities in various premises. In addition, the Committee approved the provision of a canteen in the Walton Lane (Teulon Street) County Primary School and also the adaptation of a pavilion on the site of the Knotty Ash County Primary School for dining purposes. This will release for teaching purpose accommodation in the school hitherto used as a canteen.

In new schools which are being erected or are projected under the Building Programmes of the Primary and Secondary Education Sub-Committees, provision is made, where necessary, for the inclusion of a Kitchen and/or Dining Room in the building, having regard to the exercise of every economy to meet the requirements of the Ministry of Education indicated in Circulars 240 and 250.

Number of Meals.

12. The total number of dinners supplied from the Kitchens during the year ended 31st December, 1953, was 9,203,597 (Children, 8,318,190 ; Adults, 885,207).

The numbers of dinners supplied to pupils in maintained Primary, Secondary, Day Special and Nursery Schools on a day selected in each of the months of February and October, 1953, were as follows :—

	1953	
	February.	October.
Number of Kitchens	78	78
Number of children present in the schools on day selected ...	117,063	124,966
Number of pupils provided with dinners	44,390	38,641
Percentage of pupils who were supplied with dinners ...	37·92%	30·92%
Number of Canteens	240	239
Number of Schools and Departments served	424	425

In addition, dinners were also supplied to the following :—

	1953	
	February	October.
Direct Grant Schools	1,054	1,068
Nurseries administered by the Medical Officer of Health ...	528	633
Occupational Centres administered by the Medical Officer of Health	152	161
Adults—Canteen and Teaching Staffs	4,303	4,021
	6,037	5,883

Milk.

13. Milk for drinking is provided under the Milk in Schools Scheme free of charge, to all pupils in schools, and the numbers of pupils taking milk in Primary, Secondary, Day Special and Nursery Schools on a day selected in each of the months of February and October, 1953, were as follows :—

	1953	
	February.	October.
No. of pupils taking milk (1/3rd pint)	110,195	117,769
Percentage of pupils present supplied with milk	94.13%	94.27%

Charges for Meals.

14. In January, 1953, the Ministry of Education in Circular 26 announced that the charge for school dinners would be increased from 7d. to 9d. per meal from the 1st March, 1953. The increased charge did not apply to children attending Nursery Schools, Nursery Classes and Day Special Schools. The charge for meals supplied to these children remained at 6d.

In common with the other Merseyside Authorities, the Committee in April, 1953, adopted revised family income scales for the provision of free meals. At the end of the Autumn Term the number of children authorised to obtain dinners free of charge was 14,617 compared with 15,270 at the corresponding time last year.

General.

15. The Committee are glad to report that the year has been free from any cases of food poisoning.

The Service had continued to provide a well-balanced mid-day meal for the children, and H.M. Inspectors have again commented favourably on the good standard of cooking. It has also been possible in some measure to make the surroundings more attractive by the use of coloured accessories such as table mats and beakers. Encouragement

by these improved amenities, the Heads of some schools have gone even further and have provided the canteens with flowers for the tables and pictures painted by the children for the walls.

Where conditions are suitable "Family Service" has been introduced. The older children enjoy serving themselves from dishes and casseroles placed on the tables and seem to prefer this to the cafeteria method. Family service is also being tried out in Junior and Infant Schools, where it gives training in table manners and in consideration for their fellow diners.

During the Easter Vacation the School Meals Organisers and some Teachers from the Liverpool Schools attended a four days' Course on the Serving of School Meals arranged by the Ministry of Education at St. Katherine's Training College, Liverpool, for Organisers and Teachers in the North Midland and North Western Divisions.

DEFECTIVE VISION.

16. At the periodic medical examinations the total number of children found to have some defect of vision was 6,152 (15·2 per cent.), of which 1,891 (4·6 per cent.) were of a minor degree and recorded for observation only.

In addition to the cases of defective vision discovered as a result of the periodic examinations, 2,278 cases were seen as "specials".

The number of new cases treated under the Committee's scheme was 3,281, as compared with 3,131 during the previous year. The number re-examined at the clinics was 8,115. These numbers do not represent the total number of clinic attendances, since many children with amblyopia received intensive treatment, attending weekly, or oftener, over extended periods.

A total of 26 sessions per week is now devoted to the Eye Clinics.

EAR, NOSE AND THROAT CONDITIONS.

17. Table 1 shows the types and numbers of cases seen at the six aural clinics.

TABLE 1.
Aural Clinics.

Number of children who attended for treatment... .. 1,479
Total number of attendances at the clinics 5,065

Defect	Total	Dry or Healed	Im- proved or I.S.Q.	Exam. only. No treatment given	Still under treatment	Failed to complete treatment	Referred to Hospital or own Doctor	Referred to M.A.C. or other Clinics
Acute Otitis Media...	46	21	4	—	1	3	17	—
Suppurating Otitis Media ...	111	50	6	11	23	13	6	2
Chronic Suppurating Otitis Media ...	199	85	31	—	32	31	17	3
Mastoid Cavities ...	16	12	—	—	3	—	—	1
Middle Ear Deafness with Otorrhoea	One Ear 113 Both Ears 99	12 4	55 43	1 1	34 24	10 8	1 19	— —
Middle Ear Deafness without Otorrhoea	One Ear 118 Both Ears 321	1 50	60 129	16 21	29 76	12 31	— 9	— 5
Inner Ear Deafness	One Ear 21 Both Ears 43	— —	3 —	6 3	10 13	2 2	— 10	— 3
Otalgia and other conditions	182	70	36	38	23	9	2	4
Nose and Throat conditions	271	9	58	76	44	17	57	10
TOTALS ...	1,540	314	425	173	312	138	138	28

Minor operations 125
Referred to Alder Hey Hospital for mastoid operation 8

18. Mr. Courtenay Yorke in his report states :—

“The Aural Clinics were well attended during the year. Once again large numbers of children, with nose and throat symptoms, were examined

Tonsil and adenoid operations were, however, only advised after the parent or guardian had been interviewed, and a full history of symptoms obtained. Many children suffering from chronic nasal catarrh were benefited by general and nutritional treatment.

Apart from the routine treatment of aural defects we have had in view, during the year, the following aims :—

- (i) To make Hearing Aids available to all school children, below a certain standard of hearing. The new instrument is very suitable for children, and they quickly become very apt in using it. The improved hearing has enabled many children to continue their education at an ordinary school.
- (ii) To make a thorough trial of chloromycetin. Some good results were obtained.
- (iii) To give a prolonged course of treatment to certain cases of chronic suppurative otitis media, complicated with polypi or granulations. There were a number of most successful results, including several of attic disease.
- (iv) To continue with regular inflations in cases of catarrhal deafness, prone to persist or relapse. A complete cure was frequently obtained.

In my opinion the Aural Clinics continue to give a valuable service. They are centres to which parents and children can come without undue apprehension or loss of time, and they afford ideal facilities for careful unhurried work.”

19. Of 1,979 cases referred to the Consultant in regard to possible disease of tonsils or adenoids, operation was advised in 643. From the Table below it will be noted that 357 of these were operated upon during the year.

TABLE 2.

Hospital	Tonsils and Adenoids removed	Tonsils only removed	Adenoids only removed	Totals
John Bagot 	189	130	38	357

Much attention is being given to the question of defective hearing. All 8 year old children had their hearing tested by means of the gramophone audiometer during the year. Of the 11,384 children tested 964 were examined at the aural clinics when 236 were considered to have normal hearing. The results of the examinations of the children found to be defective, was in regard to hearing.

Grade I	...	...	398
Grade IIa	...	...	325
Grade IIb	...	...	5

In the Grade II(a) and (b) groups many were already known to have defective hearing. However, it is apparent that without carrying out such surveys many cases would not be discovered until the hearing had further deteriorated. In 457 cases eustachian catarrh was discovered. This condition lends itself to amelioration or cure in most cases and active steps are taken to this end with satisfactory results.

HEART CLINIC.

20. The Heart Clinic, conducted by the Consultant Paediatrician, Dr. J. D. Hay, continues to cater for the needs of children with congenital and rheumatic heart lesions. It also forms a valuable link between the school medical officers and the Consultant Paediatrician and, through him, with the hospitals.

Children requiring further investigation are referred by Dr. Hay to his Heart Clinic at the Royal Liverpool Children's Hospital, where they are also, if necessary, admitted for cardiac catheterisation or angiocardio-graphy, and the surgical treatment of congenital heart lesions is carried out by Mr. Ronald Edwards.

Children with rheumatic heart lesions are referred to the appropriate hospitals and subsequently to their ordinary school or a day or boarding special school, depending on the severity of the lesion.

At the initial consultation, detailed recommendations are made concerning the amount of activity and type of school which is advisable for each child.

The response to treatment and the general progress of each child is observed at subsequent visits to the Clinic.

When a child reaches leaving age, recommendations concerning suitable work are made. An arrangement has also now been reached with Dr. E. Noble Chamberlain to follow up the further progress of children with rheumatic heart lesions at his Heart Clinic at the Royal Southern Hospital and with Dr. E. Wyn Jones to do likewise with children with congenital heart lesions at his Heart Clinic at the Liverpool Royal Infirmary. This should provide useful information concerning the response of these children to various types of employment.

Since September, 1951, when the Clinic opened, 330 new cases have been seen. Of these, 216 have been referred to Dr. Hay's Heart Clinic at the Royal Liverpool Children's Hospital, 27 have been admitted for further investigation and 12 have been treated surgically.

Of perhaps even greater importance, many both with and without organic heart lesions have been encouraged to lead fully active, normal lives.

DENTAL INSPECTION AND TREATMENT.

21. Report by Mr. L. C. Winstanley, the Principal School Dental Officer :—

“The improvement in staffing noted last year has been maintained during the period under review. At the end of the year the equivalent of 19 dental officers were employed, 16 of this number being full-time, the remainder made up by part-time service. Compared with 1952 when the number of dental officers was the equivalent of 11 full-time officers, the present figure shows a welcome trend.

As is natural with such an increase in staff, double the number of cases were inspected, but the important point to note in this figure is the reduction in the percentage of “Special” from 8 per cent. to 2·5 per cent. of the total.

The number found to require treatment shows a slight decline and the number actually accepting treatment is still too low. In considering this last statement it must be borne in mind that since 1948 more parents have been forced to seek private treatment owing to the shortage of school dental officers. Not unnaturally, such cases will not wish to change immediately.

Provided the present rate of recruitment to the School Service can be maintained there should be a gradual drift back to clinic treatment with a consequential rise in the acceptance rate.

If the number of sessions devoted to inspection appears high it must be remembered that a vital part of the service is dental education. The time a dental officer spends talking to children at inspections is never wasted.

Referring to dental education, it might be opportune to mention that Liverpool is fortunate in having the services of a dental hygienist. Cases which, in the opinion of the dental officer, would benefit are referred for this specialised treatment. In the year under review, 1,282 children have received the benefit of this service.

22. There are still too many permanent teeth being extracted, but only regular inspection at school and constant propaganda on Dental Health can alter this. It is realised that it is beneficial to remove a certain number of permanent teeth for orthodontic reasons, but we cannot regard the extraction of 11,000 permanent teeth with any degree of complacency. Fortunately, the number of permanent teeth conserved shows a big improvement on previous years."

23. The following Table shows that for the first time since 1949 more permanent teeth are being saved than extracted.

TABLE 3.

	1945	1946	1947	1948	1949	1950	1951	1952	
Number of children examined	73,709	91,942	100,970	120,540	68,474	56,490	46,166	62,301	11
Number of permanent teeth filled... ..	7,485	9,466	10,127	17,673	11,436	6,076	3,899	5,043	
Number of permanent teeth extracted ...	12,536	12,728	11,345	14,118	9,455	7,258	6,927	7,997	

ORTHOPAEDIC SCHEME.

24. There were 1,115 new cases referred to the orthopaedic clinics in 1953 and 1,870 cases continued their attendances from the previous year. The children made 7,739 attendances including 3,188 for examination by the surgeons and 4,551 for treatment by the physiotherapists.

From the orthopaedic clinics 76 cases were referred to hospitals for investigation and treatment.

Summary of Hospital Treatment, 1953.

Correction of deformities of feet or toes	...	...	27
Treatment of torticollis by operation	...	...	6
Osteotomy, arthrodesis or tarsectomy	...	...	8
Other operations	...	...	9
Other treatment	...	...	7
			<hr/> 57 <hr/>

25. The Child Welfare Association assisted the parents in obtaining new apparatus, surgically altered boots, repairs, etc., in 2,557 instances. Their visitors also made 3,094 visits to parents for reasons connected with the work.

26. The accompanying Table shows, in detail, the work carried out at the clinics :—

TABLE 4.

Cases dealt with under the Orthopaedic Scheme during 1953.

	No. of Cases seen at Surgeon's Visits				
	Clinic				Total
	Dingle House	Walton	Everton Road	Garston	
Infantile paralysis.....	10	7	18	4	39
Birth palsy.....	1	—	—	2	3
Spastic paralysis	27	20	37	5	89
Talipes.....	6	16	4	3	29
Spinal curvature	12	18	23	6	59
Torticollis	8	21	13	5	47
Flat feet and knock knees ...	344	426	285	113	1,168
Bow legs	4	6	5	3	18
Other deformities	98	101	193	20	412
Other defects	327	318	300	158	1,103
No defect found.....	6	6	—	6	18
TOTALS.....	843	939	878	*325	2,985

* Figures include 34 cases transferred from other Orthopaedic Clinics to Garston Orthopaedic Clinic,

27. Mr. Dwyer, one of the orthopaedic surgeons to the clinics, reports that :—

“Generally speaking, the patients who require hospital treatment are referred to Alder Hey and it has come to light recently that there has been a definite delay in the patients being returned to the school clinics for further supervision after operative treatment has been completed. I hope that this fault has now been corrected because I think it most desirable, except for the patients who require special after-treatment, that their continued supervision should take place at the school clinic rather than in the hospital Out-Patients Department. I feel that if registrars were attending more frequently at school clinics, they would become more aware of these difficulties and see that patients came back earlier to clinics than has been the case.

As I have remarked in previous years, the standard of attendance at school clinics has always been good because of the excellent facilities offered, and because of the greater opportunities for patients to discuss problems with consultants. The same happy arrangement has continued during the past year, and I feel that everything possible should be done to maintain the high standard of service in these peripheral orthopaedic clinics. Their great advantage is in discovering incipient conditions at an early stage when, in the large majority of instances, correction can be obtained by conservative rather than operative measures.”

MINOR AILMENTS.

28. For the purpose of organising minor ailment treatment the schools are divided into 16 groups, based upon the Authority's 15 clinics. The doctor who carries out the periodic inspection in the schools in each group is in charge of the clinic for that group. Likewise, the school health visitors attached to each of the clinics also, as far as is possible, carry out the various school health visitors' duties in connection with their own group of schools. By organising the work in this way the doctors and school health visitors are able to make further useful contacts with those parents who bring their children to the clinics.

At the minor ailments clinics 34,619 cases were treated during the year. The treatment of these cases necessitated 202,908 attendances.

29. There were 66 cases of ringworm of the scalp as compared with 70 during the previous year. Arrangements are made with the Newsham Hospital, Belmont Road, for the treatment to be carried out. Of the 66 cases referred to this hospital 56 were treated by means of X-rays and 10 by other methods.

30. Of the 2,731 cases of skin conditions treated at the minor ailments clinics, 1,552 were cases of impetigo as compared with 1,295 in 1952. There was a decrease in the number of cases of conjunctivitis, the number treated being 787 as compared with 807 in 1952, whilst 796 children required treatment for blepharitis as compared with 679 during the previous year. There has thus been a considerable increase in impetigo during the last 3 years, the number being 1,048 in 1951.

During the year few cases of scabies were discovered, the number being 56.

31. Of recent years painful warts on the feet, which are known as verrucae, have become more prevalent. During 1953 a total of 406 cases of verrucae were treated at the various minor ailments clinics. This number does not represent the total number of cases, since others, the number of which is unknown, were treated elsewhere. As a precautionary measure, the head teachers are advised to prohibit all cases from attending the swimming baths or from using the school shower baths, and temporarily to discontinue all bare-foot dancing.

UNCLEANLINESS AND NEGLECT.

32. An innovation started at the commencement of the year under review was the employment of 8 nursing assistants, whose sole duty is assisting the health visitors in the carrying out of cleanliness surveys. All the schools in Liverpool are allocated to one or other of the health visitors. The system for cleansing surveys is that 2 nursing assistants report to a school and carry out the actual inspection under the supervision of the health visitor; the health visitor carries out all the administrative work in connection with the issuing of notices and the subsequent follow-up of any children found to be unclean. The result of this arrangement is that the health visitor has much more time to devote to other duties and at the same time retains her connection with this side of the work.

Personal Hygiene.

33. The health visitors made 399,866 examinations of school children with regard to cleanliness, and altogether 26,017 children were found to show some evidence of verminous infestation or were very dirty. In the case of 3,212 children, statutory notices were served upon their parents owing to their failure to cleanse their children after previous notification, and 3,045 children were cleansed by parents and 167 had to be compulsorily cleansed by the staff.

The total number of attendances made at the cleansing stations during the year on account of verminous conditions was 8,103.

At the routine examinations in the schools 9·20 per cent. of the children were found to show evidence of infestation. The results of the health visitors' cleanliness survey show that 19·57 per cent. of the children were found at least once during the year to be infested. The difference between the routine examination figures and the "Survey" figures is due to the fact that at the routine examinations the parents are notified that their children are about to be examined, but they are not notified of the survey examinations.

34. In 1950, based upon Section 54 of the Education Act, a new procedure was adopted in connection with cleansing inspections. It was decided to use greater pressure upon the parents where necessary, even including prosecution. The percentage of children found unclean in 1950 was 20·9 per cent. which was reduced to 17·1 per cent. in 1951 and to 15·82 per cent. in 1952 but as noted above, to 19·57 per cent. in 1953. A possible explanation for this increase is the employment of nursing assistants, in that inspection in any school is now often completed in one to two days. Under the previous system the health visitors might be employed at odd sessions over many days doing this work, thus allowing parents time to clean their children.

Throughout the year the powers given under Section 54 of the Education Act, 1944, have been fully used. This has resulted in 59 prosecutions, involving 65 children, of parents who have allowed their children again to become verminous after compulsory cleansing. The results of the Court actions were as follows :—

Fifty-two cases	..	..	..	Fine
Four cases	..	..	..	Conditionally Discharged
Two cases	..	..	..	Dismissed
One case	..	..	..	Withdrawn.

35. Miss Snoddon, the Superintendent School Health Visitor, in her report describes the introduction of the nursing assistants as a complete success. With very few exceptions the speeding up of the cleanliness inspection has been welcomed by the head teachers; also she attributes the fact that the health visitors made 3,000 more home visits during the year to be due to them being freed by the help given by these assistants. She also comments upon the speed and accuracy maintained by the assistants.

She stresses that, although where necessary, prosecutions are being taken, the main effort is placed upon the education of parents and in this connection she points out that it is very difficult to make many parents understand that nits are the eggs of lice. This latter point is mentioned by many of the health visitors in their reports.

In discussing verminous infestation in their reports the health visitors all agree to the fact that the prosecution of parents where necessary is having a beneficial effect. It is interesting to note to what degree this varies from area to area. In general, it would appear that the better the social level in the area the greater the effect. Again, in some areas the infestation is heavier amongst children coming into the school, the older girls apparently keeping themselves clean, whereas in other areas the situation is just the opposite. Many of the health visitors praise the efforts of the head teachers for their interest in this question which invariably results in a great improvement.

Common comment in the health visitors' reports is that they feel much more could be done regarding the question of cleanliness if there were powers to deal with the other members of the family. The health visitors note that where parents are brought to Court, generally instead of shewing resentment they do then co-operate and in the words of one health visitor "To my surprise shew much more respect." A number of health visitors also comment that in their efforts to educate the mothers regarding this matter, the taking of prosecutions has made them very much more willing to accept advice.

Clothing.

36. Naturally the situation regarding the clothing of the children varies greatly from area to area and also from school to school in the same

area. The greatest deficiency in regard to clothing is that of warm underclothing in the winter season, particularly in the case of the girls.

Footwear.

37. Footwear for many of the children in many cases consists of the wearing of wellingtons or pumps. It is not always particularly a matter of finance ; one health visitor reports the case of a family where she could not succeed in getting the children adequately clothed and yet learned that £20 was spent on toys for five children all under five years of age.

Late Hours.

38. Children receiving insufficient sleep are still much in evidence. The opinion of the health visitors is now unanimous that television is playing a large part in cases where children do not receive sufficient sleep.

In many cases, of course, this merely means that children who formerly were out upon the streets now have the alternative attraction of staying up late to watch television. One health visitor comments that, efforts to advise the parents in regard to children staying up so late, frequently are met by the frank admission of the mother that the children are beyond her control.

Health Education.

39. Miss Snoddon reports that requests for health visitors to give talks upon hygiene, particularly to senior pupils, continue to increase. There can be no doubt that the correction of the types of faults described above can only have a lasting solution through education. It would appear to be desirable, therefore, that much more should be done in the schools in regard to the teaching of hygiene.

Co-operation with School Attendance and Welfare Department.

40. Mr. Houghton, the Superintendent of the School Attendance and Welfare Department, reports upon the close liaison which exists between the School Attendance and Welfare Department and the School Health Service, particularly that of the health visitors. When the health visitors find that a problem is passing beyond their scope and is one of apparent neglect, it is automatically passed on to the school welfare officers. The co-operation of these officers has been very satisfactory.

After commenting upon the close co-operation Mr. Houghton goes on to say :—

“Although the removal of children from their homes is never resorted to unless the extent of wilful neglect is serious, it is regretted that during the year under review this action had to be taken in 13 cases affecting 21 children, and Court Proceedings taken later, resulted as follows :—

4	parents	received	prison	sentences.
3	„	were	placed	on Probation.
3	„	were	Fined.	
3	„	were	Conditionally	Discharged.

CHILD GUIDANCE.

Dr. Leveson reports :—

41. “There has been no major change in the work of the Child Guidance Centre during the year and there has been no alteration in the staff. This is the first full year, however, that the services of two Social Workers have been available. Three peripatetic teachers now attend the Centre but together have been available for no more than three sessions as formerly. There is still a very great and increasing demand for remedial teaching and there is ample work for a full-time remedial teacher in addition to the existing facilities.

Attendance.

A total of 400 cases attended the Centre during the year for diagnosis, advice and treatment. Of these 186 (128 boys and 58 girls) were new cases. This represents a decrease in the number of new cases seen, but there has, nevertheless, been a marked increase in the overall work of the Centre.

The number of attendances for treatment were :

(a)	Individual psychotherapy	...	...	...	586
(b)	Group psychotherapy...	...	...	...	272
(c)	Remedial teaching	...	...	...	1,475
					<hr/> 2,333 <hr/>

Social Work.

The presence of two Social Workers on the staff has enabled us to do very much more home visiting for the purpose of investigating home conditions and giving advice and supervision there.

Feeding disorders	1	
(refusal of food, food-fads, nervous vomiting, putting things in mouth)		
Excretory disorders	19	
(constipation, enuresis, faecal incontinence, refusal to use lavatory)		
Nervous pains and paralyses	1	
(hysterical paralyses, nervous dyspepsia, headache, functional deafness and disturbance of sight)		
Fits	1	
(epilepsy, hysterical fits, periods of unconsciousness)		
Behaviour Disorders ... ..	...	71
Unmanageable	19	
(disobedience, beyond control, persistent, negativism, defiance, refusal to work or go to school)		
Temper	6	
(tantrums, anger, screaming fits)		
Aggressiveness	5	
(bullying, destructiveness, spitefulness, cruelty)		
Jealous behaviour	1	
Stealing	20	
Lying and romancing	2	
Truancy	13	
(staying out late, wandering)		
Sex difficulty	5	
(masturbation, sex play, homosexuality)		
Psychotic Behaviour ... ..	...	3
(hallucinations, delusions, extreme withdrawal, bizarre symptoms including violence)		
Educational and Vocational Difficulties ... ..	...	57
Backwardness	51	
(mental retardation, school failure)		
Inability to concentrate	1	
(day-dreaming, inattention)		
Special disabilities	5	
(high-frequency deafness, word-blindness, handedness)		
For Special Examination ... ..	...	3
Psychological examination	2	
Educational Advice	1	
Total ... ..	...	186

The age of the new cases was as follows :—

Below 8 years of age	26
8 to 11 years of age	85
12 years of age and above	75

Intellectual Level.

42. Of the 186 new cases investigated, 15 per cent. were of above average intelligence, 35 per cent. of average intelligence, and 50 per cent. below average intelligence. These figures are almost identical with those found in previous years. It will be observed that we still see a large

number of children of below average intelligence, but even in these cases much benefit has been derived from the social and educational guidance that has been given.

NATURE OF TREATMENT UNDERTAKEN IN CLOSED CASES.

1. Diagnosis and Advice	...	...	...	...	...	...	58
(a) General advice to source of reference	...	...	...	...	...	...	25
(b) Recommended for Special School for Educationally Sub-normal Pupils	...	...	...	...	...	...	13
(c) Recommended for Special School for Maladjusted Children, or other residential school	...	...	...	...	...	...	14
(d) Recommended for transfer to other Clinic or Hospital...	...	...	...	...	...	...	6
2. Individual and Group Treatment	...	...	...	...	...	...	81
(a) Satisfactorily adjusted	...	...	...	...	...	...	65
(b) Improved	...	...	...	...	...	...	14
(c) Not improved	...	...	...	...	...	...	2
3. Withdrawn by parents before completion of treatment, or closed for lack of co-operation	...	...	...	...	...	...	14
Closed for other reasons	...	...	...	...	...	...	1

Grammar School Cases.

43. Between April 1949 and December 1953, forty grammar school pupils have been referred for examination to the Child Guidance Centre. These included 23 boys and 17 girls. The majority of these children presented no problem previous to entering a grammar school, and in the remainder, although the problem had existed prior to entering a grammar school, it had become aggravated since entering. Although unsatisfactory work was a prominent feature in half the cases, in only four instances was the pupil's intellect considered to be an important factor. In 40 per cent. of the cases the child's I.Q. was over 130.

In 70 per cent. of cases, unsatisfactory home circumstances and parental attitudes were considered to be a major factor in the child's maladjustment. Economic factors played a prominent part in 11 cases, and in the majority of these cases the children exhibited a marked sense of social inferiority which materially interfered with their making a satisfactory adjustment to their new environment. It should be emphasised, however, that many children from poorer homes do settle down well in grammar schools and no major conclusion can be drawn from the small number of cases recorded above.

With suitable treatment the majority of these children were helped to make a satisfactory adjustment, although in some of the cases transfer to a different type of secondary school was required before this was effected.

Remedial Teaching.

44. The part-time help with remedial teaching has enabled us to continue this work to an even greater extent than in previous years, and 75 children have attended regularly for such teaching. Nevertheless, we are still unable to satisfy the demand. There is a waiting list for such treatment and to avoid a long waiting list many children have had to be given group treatment when individual treatment would have been more beneficial. There is sufficient demand for this service to warrant a full-time remedial teacher being attached to the Centre in addition to the present staff.

We are still having children of average intellect referred with marked educational disorders who could have been more easily and quickly treated if they had been referred at an earlier stage. Earlier referral would help to avoid undesirable emotional attitudes to work developing, and particularly avoid the marked sense of inferiority which many such children exhibit.

Group Play Therapy.

45. During 1953 play group sessions have been held regularly for children specially selected for this form of treatment given by the Educational Psychologist and the Psychiatric Social Workers. Three separate sessions have been held each week, catering for the ages between 5 and 7, 8 and 10, and 11 and 13. Altogether 24 children have attended, of whom 14 have been discharged as satisfactorily adjusted, the remainder being still under treatment. The advisory work of the Social Workers with the parents has continued to contribute to the success of the treatment.

Liaison with Residential Schools.

46. The liaison between the Child Guidance Centre and Aymestry Court has been continued, and the Social Workers have done much to prepare the parents of boys in the school for their return home. In addition, the Educational Psychologist has made regular visits to the school for testing and remedial teaching. The Educational Psychologist has also visited Abbot's Lea Residential School periodically to give advice on some of the children there who are emotionally maladjusted.

47. It may be of interest to describe the many factors that may contribute to emotional maladjustment in children, and in doing so, indicate the many facets of treatment required, and the necessity for the team approach in these cases.

H.L. is an aggressive boy of 8 years, referred on account of violent outbursts of temper, who, in a tantrum, would throw things and break anything within reach. He liked to hurt people, and would throw himself on the floor or bang his head against the wall. He was also extremely sensitive and timid in traffic. He did not like school, resented discipline, and was much retarded in his work. He had a marked squint, was very sensitive about this, and was generally irritable and nervous.

His mother has suffered from nervousness, depression and irritability for some years, and his father had had two "nervous" breakdowns. The home was satisfactorily maintained but inadequate in size for the family, and the parents would frequently discuss his behaviour in front of him, and a neighbour in the street would call the boy "cross-eyed". He would cry for weeks about this.

On examination he was found to be dull (I.Q. 84) and backward with a reading age of 4.4 years and arithmetic age of 6.5 years. He had a cerebral dysrhythmia which suggested that much of his impulsive aggressive behaviour was an epileptic equivalent. He showed a marked sense of inferiority, particularly as a result of his strabismus, and had never forgiven his parents for putting him in Olive Mount at the age of 3 years for 4½ months while his mother was ill. When he was taken home he would not look at or speak to his mother.

The combination of factors in this child's maladjustment were thus intellectual, temperamental, physical, social, domestic, and hereditary, and treatment, therefore, was of several different kinds. He was given drugs to stabilise his cerebral dysrhythmia; remedial teaching for his backwardness; attendance at a play group to increase his sociability; and discussions with the mother by the Social Worker gave her and her husband much-needed insight into the nature of the problem and the factors in the home situation that were playing some part in its origin. His squint was dealt with by an ophthalmic surgeon. This was a long-term case that required considerable individual attention from each member of the team, and he has made extremely good progress.

48. In contrast to this case, X.Y., a grammar school boy, aged 14, was referred because of his behaviour in school. It was found that he was of good intellect, I.Q. 136, and his behaviour was largely a reaction to his

attitude to the school. It was considered that in the interest of both the boy and the school, a change of school was necessary. After such a transfer was arranged his symptoms immediately cleared up, and he is now making very satisfactory educational and social progress.

49. We have continued to give lecture/demonstrations to students of the Departments of Education and Psychology of the University of Liverpool, and also to students from other teacher training colleges.

50. The amount of clerical work at the Centre continues to be very extensive and this has continued to be most adequately performed by Miss Milne and Miss Keay, who assists on two half days per week.

51. May we again express our thanks to the Deputy Principal School Medical Officer and his staff for their co-operation and ever-ready help and advice."

52. Some cases requiring Child Guidance Clinic treatment are referred to the Notre Dame Child Guidance Clinic, and during the year 135 cases were referred. The Director of the Notre Dame Child Guidance Clinic reports as follows:—

"An interesting feature of our work is the "follow-up" which, ideally, should be undertaken in all cases, but pressure of work imposes limitations, and in practice only a small proportion of cases are so followed. As we have neither the leisure nor the facilities to conduct a planned scientific enquiry we must regard our findings in the light of impressions rather than as scientific data purporting to measure the success or otherwise of treatment.

In reviewing such information as we have, we are rather interested to find that where treatment is available during the early stages of maladjustment, relapses seem less frequent, but where there is a long history of disturbance before the clinic is asked to intervene, subsequent relapses, even after a fairly satisfactory response to treatment, are more frequent. These regressions are usually associated with stresses such as adolescence, change of school, or the onset of employment.

It also appears that the stability of the family group as a whole is an important factor in the avoidance of regressions; even where relapses occur they may be short lived since the parents, as a result of their past association with the clinic, have acquired some wisdom and resource in dealing with difficulties.

Some of our past patients ensure that their subsequent progress is followed by calling to see us without invitation. The following from such cases offer a good representative sample of problems dealt with five or six years ago—they were all attending the clinic during the 1947-48 period.

53. Two girls now doing well in their respective sixth forms came to see us. The one, at ten years, had had marked nervous and obsessional symptoms; retested, on adjustment after about eighteen months of individual play therapy, she had made an apparent gain of thirty points in I.Q. rating. Her Head Mistress reports that after a rather over-exuberant phase in the middle school, she has now settled down into a sensible sixth-former. The other, a girl of twelve years, had been excluded from a grammar school for excessively anti-social behaviour. After three months intensive psychotherapy a place was found for her in another grammar school, her adjustment had been maintained, and on her last visit she was discussing the question of her future career and stands a good chance of a university scholarship.

54. Two boys, referred to us in 1948, already embarked on delinquent careers, were typical of the rather ordinary run of child guidance cases—not remarkable for deep psychological disturbances, but badly in need of some constructive and secure relationship to help them through particular stresses, or over particular disabilities. “Tommy” was illiterate at twelve years, the odd man out in a large family. His attendance over a period of two years was marked by several falls from grace and one appearance before Court. An analysis of his progress indicates that the remedial teaching situation offered far more to him than an educative facility; development of super-ego and ego ideals were as pronounced a feature as they are claimed to be in the “deeper” therapies, and the self-reliant and self-respecting child who emerged from them was a remarkable contrast to the aimless dullard of the initial interview. “Tommy”, now an ambitious young shop assistant, has developed sufficient poise to return and take his therapist out to tea! His gratitude could well extend to the administrative department which officially approved his thrice weekly, and for a time daily, clinic attendance and took, financially, a risk since proved so well justified.

55. A rather similar case is still in close contact with us. Dullness and delinquency were marked features in his record, and this unpromising material had to contend with an unsatisfactory and unchanging environment, though supportive interviews with the mother ensured him some sympathy in an over-crowded and unorganised household. Again, our rôle lay rather in the synthesis of character and personality potentialities than in the analysis of emotional disturbance, but the group play and occupational therapy situations provided ideal conditions for the establishment of the necessary therapeutic relationships. We were also able to foster the boy's interest in gardening; he has become quite knowledgeable in this line and finds it a very satisfying leisure time activity. At the present moment, after two and a half years of clinic attendance, the benefits are to us, since contact is maintained when "John" returns to do a Saturday afternoon's gardening for some of the staff.

TUBERCULOSIS.

56. The Tuberculosis Department supplied reports upon 459 pupils referred by the school medical officers and from other sources.

Dr. J. A. Rushworth, the Assistant Senior Medical Officer (Tub.), supplied the following tabulated statistics relating to the number of notifications of cases of tuberculosis and deaths from that disease.

The table shows a rise in the incidence of the disease since 1948.

TABLE 5.
Tuberculosis Notifications, School Children (5-15 Years).

			1953	1952	1951	1950	1949	1948	1938	1928
Males	Respiratory	...	64	78	46	56	42	36	59	215
	Non-Respiratory	...	16	19	26	21	32	33	55	122
Females	Respiratory	...	66	83	55	57	35	43	58	192
	Non-Respiratory	...	11	16	21	20	31	16	63	122
TOTAL			157	196	148	154	140	128	235	651

DEATHS.

			1953	1952	1951	1950	1949	1948	1938	1928
Males	{	Respiratory ...	—	—	—	1	2	2	3	12
		Non-Respiratory ...	—	14	1	2	6	9	5	19
Females	{	Respiratory ...	1	1	2	1	2	6	8	25
		Non-Respiratory ...	2	3	4	6	7	7	6	22
TOTAL ...			3	18	7	10	17	24	22	78

MISCELLANEOUS ITEMS.

(a) Infectious Diseases in Schools.

57. There were 5,723 cases of infectious diseases in school children reported to the Public Health Department during the year 1953 this being an increase of 1,627 cases as compared with the previous year, the increase being chiefly in cases of measles and whooping cough.

It was not necessary to close any school or department on account of infectious disease during the year.

58. The arrangements made in previous years, for the inoculation against diphtheria of children attending the schools, were continued. Visits were paid to 143 schools, a total of 3,588 children being inoculated and 7,857 previously inoculated children receiving reinforcing injections. In addition, a number of children of school age were inoculated at the various immunisation clinics held throughout the City, while an increasing number of children are being inoculated by their own doctors.

The proportion of children aged 5-15 years inoculated at the end of 1953 was 81.0 per cent. The accompanying Table is of interest. It shows, for a succession of years, the number of cases of diphtheria and deaths therefrom in children of 5-15 years both amongst inoculated and non-inoculated children as well as the marked reduction in the incidence of cases of diphtheria. This reduced incidence, it will be noted, has been most marked since 1943 when the percentage of immunised children had progressed past the 50 per cent. figure.

TABLE 6.

Diphtheria Immunisation in Liverpool.

CASES AND DEATHS IN INOCULATED AND NON-INOCULATED CHILDREN
IN LIVERPOOL AT AGES 5-15 YEARS.

Year	No. of Cases		No. of Deaths		Total accumulation of inoculated children 5-15 at the end of the year
	Non-inoculated	Inoculated	Non-inoculated	Inoculated	
1932	1,852	11	90	—	—
1933	1,658	20	85	1	—
1934	1,622	37	90	—	—
1935	1,526	51	75	3	—
1936	1,218	51	76	1	—
1937	1,382	75	76	2	—
1938	1,270	83	68	2	—
1939	763	53	44	—	—
1940	1,107	49	61	—	—
1941	1,513	74	89	1	51,625
1942	1,328	87	53	—	64,582
1943	623	52	11	—	79,578
1944	375	37	12	1	80,951
1945	358	53	12	—	84,031
1946	241	28	5	—	89,600
1947	167	22	3	1	92,481
1948	123	6	2	—	97,193
1949	51	2	—	—	98,751
1950	22	1	1	—	100,905
1951	9	—	—	—	100,865
1952	3	1	1	—	101,180
1953	2	—	1	—	104,939

(b) Vaccination.

59. The percentage of unvaccinated children amongst those examined at the periodic examinations in 1953 was 37·0.

When medical inspection of school children was inaugurated in 1909 the percentage of unvaccinated children was 6·1. From then onwards a progressive increase in the percentage of unvaccinated children took place until 1945 when for the following two years some improvement was noticed. The present percentage of unvaccinated, however, is the highest recorded.

The percentages for the years under consideration were:—

In 1909 the percentage was	6.1
„ 1915 „ „ „	7.1
„ 1920 „ „ „	not available
„ 1925 „ „ „	16.3
„ 1930 „ „ „	19.1
„ 1935 „ „ „	22.7
„ 1940 „ „ „	23.4
„ 1945 „ „ „	31.0
„ 1950 „ „ „	34.8
„ 1951 „ „ „	35.3
„ 1952 „ „ „	not available
„ 1953 „ „ „	37.0

(c) Employment of Pupils.

60. During the year a total of 3,318 children were engaged in part-time employment. The school medical officers examined 1,943 children as to their fitness to undertake work. Legal proceedings in respect of illegal employment of school children and contravention of the Bye-laws were taken in 18 cases.

Street trading by persons under the age of 18 is now prohibited in Liverpool by Bye-laws which came into operation in April, 1948. Legal proceedings in respect of illegal street trading were taken in 5 cases.

The Officers of the School Attendance and Welfare Department continued to supervise all children who take part or are employed in entertainments. During the year, 175 licences were granted. In all cases the children were examined by the school medical officers to ascertain if the employment would be prejudicial to their health and education.

(d) Children and Young Persons Act.

61. In accordance with the provisions of the Children and Young Persons Act, 1933, medical reports for the information of the Magistrates in the Juvenile Courts at Liverpool and elsewhere were submitted in 2,064 cases.

The magistrates asked for special medical examinations to be carried out by the Education Authority in 75 cases for the following reasons:—

Ascertainment of Mental Ability	...	...	...	32
Maladjustment	...	...	...	34
Other	...	...	...	9
				<hr/> 75 <hr/>

(e) School Premises.

62. The City Engineer and Surveyor reports the following alterations and improvements which were carried out on school premises:—

Sanitary improvements	...	...	...	...	...	35 schools
Playground repairs	...	...	...	...	...	14 „
Improvements and repairs to heating installations, etc.	...	...	...	...	...	11 „
New heating boilers	...	...	...	...	...	12 „
Electrical Installations	...	...	...	...	...	11 „
Miscellaneous improvements, e.g., classrooms, cloakrooms, windows, floor coverings, etc.	...	...	...	...	...	40 „

The City Architect also reports that work has been completed on the modernisation of the sanitary accommodation at the following schools: Arnot Street, Ashfield Street and Birchfield Road.

NURSERY SCHOOLS AND NURSERY CLASSES.

63. The following information has been supplied by Miss Rosbottom, Advisor for Infant and Nursery School Education:—

“The number of Nursery Schools and Nursery Classes has been maintained at the 1952 level, that is seven Nursery Schools and twenty-five Nursery Classes in seventeen Infant Schools, catering in all for some 1,227 children between the ages of two and five years. The pressure on accommodation is still great and is somewhat extended in that children who previously were able to transfer to Infant Schools on their fifth birthdays must now remain in the Nursery Schools and Nursery Classes until the beginning of the following term. An expansion of Nursery School provision particularly in the new housing areas of Speke, Croxteth and Gillmoss would prove of immense value.

The selection of children for admission to the Nursery Schools and Nursery Classes is based on the need of the child himself. In addition to

children whose mothers must go out to work, there are in attendance at the Schools and Classes those for whom contact with children of their own age is of very great value, together with children who are backward in speech, emotionally disturbed and children who have one parent only. For all these, access to play materials, space, fresh air and the ordered life of the Nursery School are making a large contribution to an all-round balanced development.

64. The students taking the National Nursery Certificate Course continue to spend two days of each week at the Mabel Fletcher Technical College. Some of the students were unable to sit for the examination in November 1953 but they will present themselves at the Leicester Centre, early in the New Year. Applications for posts as Nursery students from girls leaving the Secondary Modern and Secondary Grammar Schools are more numerous than can be absorbed. It has been found from experience that the training given in Nursery Schools and Classes, combined with the Mabel Fletcher Technical College Course, has proved most helpful to girls interested in working with young children.

65. The co-operation with the medical services is being well maintained and the parents of the children are grateful for the help which has been given in the physical and medical care of the children. Minor ailments are treated promptly and the more serious physical defects have received treatment and full consideration. The Staffs of the Nursery Schools and Nursery Classes fully appreciate this co-operation.

The work of the Mothers' Clubs and daily contact with mothers continues. All types of meetings and discussions are held at the Mothers' Clubs including talks by nurses, films, make-do-and-mend evenings, etc. The outstanding meeting of the year was the 21st Birthday Party of the Everton Road Nursery School. The Director of Education and members of the Education Committee, also Staff and Parents combined to celebrate the coming-of-age of the Everton Road Nursery School. This School was opened in August 1932."

66. One of the School Health Visitors in her report writes:—

"The general tone in Nursery classes is delightful. The atmosphere is one of happy activity, the children are content, occupied, and cared for, a striking contrast to their contemporaries playing in the city streets.

The condition of the children's hair and clothing is usually much superior to that of many of the children in the primary schools.

This is probably in part due to the number of applicants in comparison with the vacancies. Head Teachers can refuse to have children who do not measure up to the standard of cleanliness required. This ensures that the mother will put on extra efforts to secure a coveted place in the Nursery.

Ill-nourished children on coming to the Nursery are soon noticeably improved. Regular well balanced meals and play combined with rest periods all help in the desirable development of the child.

Co-operation is excellent between Nursery and School Medical Staff."

67. During the year, 7 nursery schools and 25 nursery classes in 17 Infants' Schools were inspected from time to time by the school medical officers, who carried out a periodic medical inspection of 882 of the children attending these schools and classes during the year. Of the children so examined 486 were found to be vaccinated, while 396 children showed no evidence of vaccination. 421 children were found to have been immunised.

The General Condition of these children was assessed as follows:—

Pupils Inspected	General Condition.		
	Good	Fair	Poor
882	384	493	5

68. The school medical officers also carried out 190 re-inspection examinations of pupils found to have defects. In addition, 58 special examinations were made of children brought forward by the Teachers-in-Charge.

All the Committee's schemes of treatment are available for nursery school children.

The defects found at all the inspections are shown in the following Table.

TABLE 7.

Defect or Disease								Requiring Treatment	For Observation
SKIN	...	...	...	...	Scabies	...	...	—	—
					Impetigo	...	...	3	—
					Others	...	...	3	9
EYES	...	...	...	...	Blepharitis	...	...	2	1
					Conjunctivitis	...	...	—	2
					Others	...	...	1	3
					Vision (wearing glasses)	...	...	—	3
					Squint (new cases)	...	...	36	27
					Squint (wearing glasses)	...	...	2	13
EARS	...	...	...	...	Hearing	...	...	—	3
					Otitis Media	...	...	7	21
					Others	...	...	1	4
NOSE AND THROAT	...	...	...	...	Tonsils	...	...	9	49
					Adenoids	...	...	4	7
					T. and A.	...	...	6	14
					Others	...	...	2	21
					Cervical glands	...	...	2	30
SPEECH	...	...	...	...	Stammer	...	...	1	4
					Others	...	...	2	4
HEART AND CIRCULATION	...	...	...	...	Congenital	...	...	—	2
					Others	...	...	—	16
LUNGS	...	...	...	...	Pulmonary T.B.	...	...	1	21
					Bronchitis	...	...	2	31
					Others	...	...	—	42
DEVELOPMENTAL	...	...	...	...	Hernia	...	...	1	7
					Others	...	...	4	27
ORTHOPAEDIC	...	...	...	...	Posture	...	...	—	2
					Flat Foot	...	...	9	18
					Others	...	...	18	23
NERVOUS SYSTEM	...	...	...	...	Epilepsy	...	...	—	—
					Others	...	...	—	6
PSYCHOLOGICAL	...	...	...	...	Development	...	...	—	2
					Stability	...	...	—	3
RHEUMATISM	...	...	...	...	Chorea	...	...	—	3
NON-PULMONARY T.B.	...	...	...	...	Glands	...	...	—	2
					Bones and Joints	...	...	—	—
OTHER DISEASES AND DEFECTS	...	...	...	...	Debility	...	...	3	13
					Anaemia	...	...	—	2
					Others	...	...	5	32

HANDICAPPED PUPILS.

Blind Pupils.

69. Liverpool blind children are accommodated in various schools, as shown in the Table below, since no Special School is maintained by the Authority:—

Wavertree School for the Blind	...	...	...	...	5
St. Vincent's R.C. School for the Blind, West Derby	...				6
Sunshine Homes	...	...	...	...	3
Henshaw's School for the Blind, Manchester	...				3
Worcester College	...	...	...	...	1
Condoover Hall Blind Special School	...				4
Chorleywood College	...	...	...	...	2
					24

Partially Sighted.

70. There are now 65 children in the Partially Sighted School. Dr. Black, one of the Committee's Oculists, who supervises these pupils has reported as follows:—

“The teachers and the children have settled down well at the school, and I think a sound educational unit is being formed. It is hoped, soon, to start an additional class: making a total of five classes. When this is done, it will be possible to take in all those pupils who are now on the waiting list for admission. During 1953, the ability to reorganise the pupils into properly graded classes, in one school, seems to have paid valuable dividends. The Head Mistress tells me that, as a result of tests, she has been able to assess the educational progress of all the pupils. Marked progress has been noted amongst the senior boys particularly; their educational attainments have improved by 1·5 years during 1953. The older girls have shown almost as good a result, their increase being 1 year. This is in marked contrast to the fact that, in most cases, prior to the opening of this Special School the children's attainments progressed by much less than one year annually.

There are a number of different magnifiers, loupes and other visual aids available in the school. Each of these seems to help children with a particular type of defect but there does not seem to be any single appliance which satisfactorily meets the needs of them all.”

Deaf and Partially Deaf.

71. At the end of the year 1953 there were 150 deaf pupils and 41 partially deaf pupils, attending Crown Street School for the Deaf, of whom 117 deaf and 35 partially deaf were Liverpool children. There were also 9 deaf children attending voluntary schools for the deaf.

The number of children awaiting admission to the School for the Deaf was 12.

72. Mr. Newport, the Headmaster of the School for the Deaf, reports:—
“The pre-school age training has been very helpful to parents and children. Out of eleven children, attending throughout the period, seven were admitted to the nursery class by the end of the year. The mothers, who attend with their children, find that they gain much useful knowledge about the handicap of deafness and are able to understand how to deal with and train their deaf children.

Conscientious parents can do much to help their children to lay a foundation for lip reading which will be useful when they attend the school.

Two more classroom table aids have been added to the equipment. The nursery and one more classroom in the school have been treated with acoustic tiles, and the rooms are much more efficient and congenial for the use of hearing aids.

The Medresco Group Hearing Aid was brought into use early in the year. It is very useful to a class of partially deaf children. Its many microphones ensure that children can hear their own and their classmates responses as loudly as they hear the teacher's voice. The radio gramophone may also be plugged through the circuit for valuable listening practice.

Thanks to the co-operation of the School Health Service and the Deafness Clinic more children have been recommended for, and fitted out with, the individual medresco hearing aid. Even children with severe loss of hearing are deriving some benefit from the new compact Mark III aid. The technician from the Deafness Clinic calls regularly to service the individual aids.

I am pleased to report that one girl of eleven, who became almost totally deaf after T.B. Meningitis when she was just 9 years of age, passed

the entrance examination for Secondary Grammar Schools in competition with normal hearing children and was accepted by St. Edmund's College.

Another girl, who became deaf after T.B. Meningitis at eleven years of age, was accepted when thirteen and a half years of age by Notre Dame Commercial School. She is doing good work and maintains a position in the top third of her class of hearing colleagues.

Both the above children attend the school weekly for speech practice, and advice in any difficulties which may arise.

Training College Students, School Health Nurses, Medical Students and others interested in education pay visits to the school at varying times through the year.

The football team had a very successful year and was unfortunate to lose in the final match at Goodison Park. The girls' netball team have joined the Schools' League and with more experience hope to play with some success.

The children competed successfully in both the Special Schools' Sports and the Swimming Gala.

The chess team held an unbeaten record in the Southern League of the Schools' Chess Leagues, and only just failed to win the championship of all the Leagues.

The resident children had many interesting visits to places of amusement and I am grateful for the kind invitations from the Managers of the Capitol, Rialto, Newsreel and Pavilion Theatres, the New Brighton Circus and Billy Smart's Circus.

A Youth Club has been formed at the Institute for the Adult Deaf and I am grateful to Mr. Robinson, the Superintendent, for allowing the full use of all facilities at the Institute. All children of the school, over fifteen years of age, are welcomed. Two of the teachers and children's attendants go in their free time to help to make the club a success. After leaving school it is hoped that the children will attend until they reach the age of eighteen."

Epileptic Pupils.

73. The Committee has no residential school for epileptic pupils. The 33 epileptic pupils at the end of the year were placed as follows:—

Maghull Home for Epileptics	...	...	...	...	5
Colthurst School for Epileptics	...	...	...	...	14
Other types of Special Schools	...	...	...	...	11
Awaiting admission to Epileptic Schools	...	...	...	...	3
					<hr/> 33 <hr/>

Delicate Pupils.

74. The number of delicate pupils on the rolls of each of the three day open-air schools at the end of the year was as follows:—

Fazakerley Open-Air School	...	...	...	...	266
Underlea Open-Air School	...	...	...	...	180
Margaret Beavan Open-Air School	...	...	...	...	36

75. Miss A. Tunncliffe, the Head Mistress of the Fazakerley Open-Air School reports:—

“Two extra classrooms were available after the Partially Sighted Children moved to Wellesbourne Road School. One of these accommodates an extra class and the other was opened in November as a house-craft centre. It was redecorated, and fitted with modern kitchen equipment and is appreciated greatly by all who use it.

In all, 92 children were admitted during the year and of the 66 who left the school:—

- 6 were overage.
- 5 were transferred to E.S.N. Schools.
- 12 were transferred to other Special Schools.
- 43 were recommended for Ordinary School, which in 17 cases resulted in their leaving school as they were 15 years of age or over.

The Tuberculin Jelly Test was applied to the children in the Senior School in May and to the Junior children in November. The parents' permission for the test was given except in a few cases and all but two of these refusals were from the parents of children who were already under the supervision of the Tuberculosis Officer. The test was followed, where necessary, by X-Ray examination.

There are evidences of a growing co-operation between school, hospital and home. It is not easy to synthesise the work done in all three places, especially, as the children's homes are not in the vicinity of the school,

but it is essential to foster every opportunity for contact with the parents and the medical advisers. Three Parents' Days have been held during the year when the children have given plays, exhibitions of work, music and displays of Physical Education and dancing and though the attendance appears to be disappointing, there are always some valuable contacts made between parents and staff.

The Special Schools Folk Dance Festival was held this year at Fazakerley Open-Air School and for the first time the parents of the children taking part were invited. This has not been possible in the past owing to the lack of accommodation. It was obvious that the parents appreciated the Festival and the hospitality which was given to them.

Sixty children accompanied by four members of the teaching staff again spent a week at Colomendy School Camp from September 12th-19th. There was a marked improvement in the children's appearance even after so short a period of healthy living in a good environment. On the whole the weather was favourable and the children spent much of their time in outdoor activities. Thanks are due to the teachers who made themselves responsible for the care of the children and planned the week so successfully.

Two Old Scholars' Socials were held during the year. There was a very happy atmosphere on both occasions. Information about the work and leisure of the boys and girls was given to members of the staff in the course of friendly conversation. The knowledge gleaned was discussed at the After Care Committee Meetings held during the following week. Visits were arranged to scholars who were ill, or about whom we were not able to collect information.

The plan to give a group of boys a course of Housecraft and the girls lessons in Handicraft has been continued with encouraging success. A session each week in the woodwork room has also been arranged for the Partially Sighted Senior Boys from Wellesbourne Road and Mr. Davies has found them keen and responsive.

All departments of the school, teaching, domestic, maintenance, nursing and clerical have contributed loyal and willing service for the welfare and happiness of the children."

76. Miss A. M. Robertson, Head Mistress of Underlea Special School since 1947 retired in August and Mr. W. F. McMenamin took over her duties. Mr. McMenamin reports:—

“Of 185 children on the School Roll in January 1953, 74 left to return to Primary or Secondary Modern Schools, and one left school having reached the age of 16. Seventeen pupils were transferred to other Special Schools, and 4 left the district. These 96 pupils have been replaced by 88 pupils admitted during the year, the number on roll being now 177.

That approximately one in three on the school roll became sufficiently physically fit to take his place in normal school life, may be considered to be satisfactory.

Over seventy-five per cent. of the homes of the children have been visited by the School Nurse, and routine medical examinations by the Medical Officer have been carried out once per week throughout the school year.

All structural damage due to the fire of two years ago has now been repaired, and all rooms affected have been repainted.”

Physically Handicapped (Day Schools).

77. At the end of the year, 126 children were in Hospital Schools, 120 at Alder Hey Hospital and 6 at Olive Mount Hospital. The physically handicapped pupils in attendance at day special schools numbered 239 at the year's end, and these pupils were placed as follows:—

Margaret Beavan	...	...	...	...	...	...	116
Dingle Lane	...	...	...	...	...	...	123
							<hr/> 239 <hr/>

78. Mr. O. Roberts, the Head Master of the Margaret Beavan School, reports:—

“Average number on roll	...	...	...	...	...	...	153
„ attendance	...	...	...	...	...	...	121.7 = 80%
Physically Handicapped	...	...	...	...56	Boys	69 Girls	125
Delicate	...	...	...	...15	„	12 „	27
							<hr/> 152 <hr/>
New Admissions:							
Physically Handicapped	...	...	...	...17	„	19 „	36
Delicate	...	...	...	... 4	„	5 „	9
							<hr/> 45 <hr/>
Left:							
Deascertained	...	...	...	...28	„	16 „	44
							<hr/> 44 <hr/>

The average gain in weight for both boys and girls was 9 lbs. for the year.

The health of the children during the year generally was good. Inclement weather in February and March was responsible for colds and attendances suffered in consequence. In March a mild outbreak of measles adversely affected the attendance of the younger children.

Tonsillitis appeared regularly throughout the year and was the greatest single factor in reducing attendances. One girl—not previously immunised, succumbed to an attack of diphtheria. The attack was confined to this child which may be explained by immunisation previously carried out in school. As a safeguard 36 children were immunised against diphtheria in October.

Although the children do not distinguish themselves in the realm of sport, they do acquit themselves well and earn creditable mention. Of 10 children permitted to go swimming, 8 gained beginners certificates and 3 distance awards. One boy, with congenital absence of right arm and paralysis of right leg, gained his beginners certificate. Eight football matches were played against ordinary schools in the district resulting in: won 6; lost 1; drawn 1. Of 4 cricket matches played, only 1 was won. These activities are of incalculable value to the children in developing an ordinary outlook on life. Nine boys and 11 girls accompanied by 8 members of the staff spent a very enjoyable week's holiday in July at Stair in the Lake District. Our children successfully joined in the social life of the hostel and at the end of the week two of our boys won the table-tennis championship. This satisfactory social feature was all the more pleasing in view of the fact that the hostel population was made up of groups from Grammar and Modern Schools and also Youth Organisations.

The After Care Party was held in January and 45 old scholars spent an enjoyable evening at the school. Old scholars, Committee, and Staff all sat down together to a knife and fork tea and joined in the dancing afterwards. The After Care Committee continues to function with enthusiasm and I cannot speak too highly of their interest in the welfare of the Physically Handicapped child."

79. Miss K. M. Lewendon, the Head Mistress of the Dingle Lane Special School, reports:—

"I am able to report that during the year 1953, the general health of the children has been good. There were no epidemics.

One boy took the grammar school entrance examination at the age of thirteen. He passed the examination and has gone to St. Francis Xavier's College. This is the first time a child from this school has taken the examination.

During the year ten children have been able to return to ordinary schools, eleven have been transferred to other special schools and seven have left to take up employment.

Some of the senior children took part in a play about St. George and the Dragon for the School Open Day. This was the most ambitious and the most successful play the children have ever performed.

A number of educational visits have been undertaken during the year."

Physically Handicapped (Residential Schools).

80. The Authority maintains two boarding special schools for physically handicapped children, namely:—

The Children's Rest School of Recovery, Greenbank Lane	50 pupils.
Abbots Lea School, Beaconsfield Road, Woolton	70 „

81. Miss E. Gregson, the Head Mistress of the Abbots Lea School, in her report states:—

"It is encouraging to report that the school is now full. The general health of the children has quickly shown marked improvement, particularly in the case of several children with a long history of asthma, and on the whole there has been a rapid increase in height and weight.

This improvement, together with the advantage of small classes and individual attention, has in very many cases resulted in great progress scholastically; and children who have spent long periods in hospital have been able to catch up with their own age groups.

We are pleased to have the co-operation of the I. M. Marsh College of Physical Education by which small groups of children, each with a student and under the supervision of a tutor, carry out exercises twice a week at the school. Great attention is paid to breathing and posture and there has been a marked improvement in the bearing of the older girls.

Many of the children have increased markedly in self-confidence, partly as a result of dramatic work, and this is demonstrated by their friendly attitude and eagerness to entertain the many visitors to the school.

Many friends of the school have helped to stock the three playrooms. We have had the gift of a swing from the Merseyside Hospitals Council and this, together with a see-saw which we had reconditioned, now forms the nucleus of a playground to which will shortly be added a climbing net from the English Electric Company who have also provided us with many toys for the playrooms."

82. Miss Long, Head Mistress of the Children's Rest School of Recovery, Greenbank Lane, reports:—

"The average number on roll for the year in the school, which accommodates 50 boys and girls, has been 47. This number includes a unit of 20 Cerebral Palsy children and 8 Coeliacs in addition to cases suffering from other physical handicaps.

The staffing situation has improved considerably and there are now 4 permanent teachers and a supply teacher, 2 physiotherapists, 2 nurses, 3 resident attendants, 4 non-resident attendants and a part-time attendant. A speech therapist visits once a week.

Among the Cerebral Palsy children there has been some marked improvement physically and educationally and, during the year, 4 have progressed sufficiently to be transferred to Day Special Schools.

The Coeliacs, who are on a pure wheat starch diet, have all shown gains in weight varying from 6 lbs. 6 ozs. to 12 lbs., during the year giving an average increase of 9 lbs. 2½ ozs.

Taking the school as a whole, there has been a general weight increase varying from 4 lbs. 4 ozs. to 19 lbs. 4 ozs., with an increase in height from 1 in. to 6 in.

The beginning of the year was marked by three mild epidemics—Chicken Pox, German Measles and Sonne Dysentery, but since then the general health of the children has been good.

As an experiment, this year, the senior girls have been attending a Secondary Modern School for Housecraft instruction. This has been very successful and it is hoped that in the near future woodwork classes will be arranged for the senior boys.

Many visits have been paid to the school, perhaps the most notable being that of the psychology section of the British Association in September. Others have been from parties of Medical Officers, Physiotherapists and Medical, Nursing and Teaching students.”

Pupils Suffering from Cerebral Palsy.

83. In addition to 15 Liverpool cases of cerebral palsy resident at Greenbank and the 8 pre-school children attending as out-patients at that school, there are 161 cases of cerebral palsy in Liverpool among children between the ages of 2 and 16, as follows:—

Attending Ordinary School	...	...	...	...	...	...	...	...	54
In other Special Schools:—									
Educationally sub-normal	...	...	...	...	...	...	...	...	14
Physically handicapped	...	...	...	...	...	...	...	...	55
Not attending School:—									
Home Teaching	...	...	...	...	...	...	...	...	5
Recommended for notification to the Local Mental Deficiency Act Authority under Section 57 (3) of the Education Act, 1944, as ineducable	...	...	...	...	...	...	...	...	33

Delicate and Physically Handicapped Pupils.

84. The accompanying return shows the results of the examinations made by the approved medical officers of children referred with various physical handicaps:—

Recommended for day open-air school	...	...	...	...	...	...	...	215
,, residential open-air school	...	...	...	...	...	...	...	50
,, day special school for physically handicapped pupils	...	...	...	...	...	...	...	66
,, boarding special school for physically handicapped pupils	...	...	...	...	...	...	...	6
Unfit for any school	...	...	...	...	...	...	...	12
Recommended for home teaching	...	...	...	...	...	...	...	7
Decision postponed	...	...	...	...	...	...	...	8
Referred to hospital	...	...	...	...	...	...	...	—
Remain in ordinary school	...	...	...	...	...	...	...	156

Educationally Sub-Normal Pupils.

85. The Authority has four boarding schools for educationally sub-normal pupils with accommodation as follows:—

Crookhey Hall, near Lancaster, for Senior Boys	...	...	...	...	72
Hightown School, Hightown, for Boys	...	...	...	...	60
Knotty Ash, for Girls...	...	...	...	...	40
Oakfield, Gateacre, for Girls	...	...	...	...	30

The authority also maintained 5 educationally sub-normal pupils at other boarding schools, 4 at Pontville Roman Catholic Special School, and 1 at Allerton Priory Roman Catholic Special School.

There are seven day special schools for educationally sub-normal pupils with accommodation for 800 pupils. The schools are Queensland Street, Northumberland Street, Richmond, Kilrea Road, Clubmoor (Abingdon Road and Higher Lane Extension), Stoneycroft, and Monks-down Road.

86. Miss Travis, the Head Mistress of Crookhey Hall School, writes:—

“HEALTH.

For the thirteenth year in succession there has not been an epidemic. This is mainly due to medical examination of the children at the Education Office before returning for the new term. Small disorders are noted and attention given in the school surgery on arrival.

The advice obtained from the regular visits of the Senior Medical Officer is invaluable. Each boy is examined annually, both physically and mentally. Difficult problems of behaviour are discussed.

It is interesting to see the development of boys of fifteen years. Their general bearing is a proof of the advantages of residential life.

Many of the recent admissions have had a slight physical defect. Good food, fresh air and rest, plus the kindly affection which is always forthcoming from the other children, quickly helps these boys to become self-reliant.

EDUCATION.

The children are placed in classes mainly according to ability and for this type of boy the standard of work is good. Visitors who see boys who have been at the school for a number of years are apt to say, “Are these boys sub-normal?”

A boy with an I.Q. of 59 was chosen to read the Lesson to the congregation at the Village Church in September, and was congratulated in the local Press.

Annual tests show that new admissions leap forward during the first year, but this slows down in due course and a steady improvement follows. It must be remembered that these boys never miss a session.

In all fields of work, whether arithmetic, woodwork, boot repairing or gardening, etc., etc., the very best efforts are forthcoming.

SOCIAL.

The School Army Cadet Unit joined the West Lincs. Cadets at the Annual Camp in August at Penally, South Wales. The long journey plus a week in Camp was in itself an education for these senior boys. During the year the Cadets have been allowed to attend evening courses of instruction at the Drill Hall in Lancaster.

The Lancashire Association of Boy Scouts has given Crookhey Hall Scouts and Cubs an enthusiastic welcome. Several social visits have been exchanged and the delight with which these youngsters depart on a dark evening to be entertained in Lancaster well repays the Scoutmaster and Cubs' Akela.

It is encouraging and satisfying to see a dozen healthy adolescents on their way, unaccompanied, to see the Liverpool Football team play at Preston, or a group of Scouts off to Morecambe for the Soap Box Rally.

FARMING.

Remaining at School for the October Holidays seems to be no hardship to Crookhey's "young farmers". During 1953, every boy who was physically fit volunteered to help the local farmers. Happily, the farmers are eager to have them helping with the harvest and potato picking.

AFTER CARE.

This is not such a difficult problem as one might imagine. Approximately 25 per cent. of the boys leaving choose farm work and are placed locally or under the Y.M.C.A. Scheme—"British Boys for British Farms". Happily, the Secretary of this Scheme is in touch with the Head Mistress and views are exchanged.

The Liverpool Juvenile Bureau is most helpful and many scholars employed in the City are constantly returning to see their old School. Tribute should be paid to the parents who co-operate. As well as meeting parents three times in the year the Head Teacher carries on a heavy correspondence with them during term time.

The success of the School is largely due to the excellent teamwork of a sympathetic Staff. The health and education of the boys at Crookhey Hall are a testimony that the Liverpool Education Committee have selected well."

87. The results of the examinations made by the Approved Officers of children referred for ascertainment as being educationally sub-normal pupils are as follows:—

Recommended for day special school	365
Recommended for boarding special school	64
Recommended for special educational treatment in ordinary school	40
Examined and recommended to remain at ordinary school	198
Decision deferred	32
Referred to Child Guidance Clinic	58
Recommended for admission to boarding special school for maladjusted pupils ...	6
Recommended for notification to the Local Mental Deficiency Acts Authority:—	
(a) for supervision 57 (5)	60
(b) as ineducable 57 (3)	78
(c) as inexpedient 57 (4)	3

Maladjusted Pupils.

88. There were 30 boys in the Aymestry Court Residential School for Maladjusted Boys and, of these, 10 boys were from the areas of other Education Authorities.

There are two Liverpool girls in St. Peter's School, Horbury.

89. Mr. W. J. Carman, the Head Master of Aymestry Court School, reports:—

“ Altogether a total of 67 boys have left the school since it opened 5½ years ago. Of these, 4 stayed for less than one month and are ignored in the following analysis showing the length of stay at the school:—

Average length of stay of 63 leavers	19½ months
No. of boys who stayed for less than 1 year	13
No. of boys who stayed for over 1 year and less than 2 years	28
No. of boys who stayed for over 2 and less than 3 years	19
No. of boys who stayed for over 3 years	3

It is difficult to assess accurately the degree of success achieved as there is no specific period of after-care following a boy's discharge. In the case of Liverpool children transferred to other schools, appointments are made for them to attend at the Child Guidance Clinic some 3 or 4 months after they leave, and it is then decided whether any further supervision or treatment is desirable. This is not possible, however, in the case of boys who leave for employment. A full report, including any recommendations for after-care, is sent to the Local Authority when a boy is from outside the city. Bearing these points in mind it is possible to point to 48 of our leavers with whom we have been able to maintain contact, either, by their visiting the school, by letter, by reports from other schools

or from other Authorities, whose behaviour is no longer giving cause for undue anxiety. Indeed a great deal of encouragement, as well as satisfaction, is derived from letters and visits received from old boys of the school.

The treatment of the boys has proceeded along the usual lines without any outstanding changes. Close liaison continues with the Child Guidance Clinic, Falkner Square, and in addition to the visits made to the school by Dr. Leveson and Mr. Chazan, homes are visited as required by the clinic's social workers.

The presence of more younger boys than during any previous period has served to emphasise two features which are of importance. Firstly, it is very helpful to maintain a reasonable balance of ages as, not only do the younger boys benefit from the more mature influence of the elder boys, but the latter are given a sense of responsibility which is of undoubted value to them. The selection of suitable boys to act as leaders becomes very difficult when we are short of older boys. Secondly, the limitations imposed by restricted playing space present a bigger problem where younger boys are concerned. There can be no doubt that these boys require opportunities for "letting off steam" and a freedom from petty restraints during their leisure time.

The school camp was held at Kirk Michael, I.O.M, during the first fortnight of the summer holidays, and once again proved a healthy and enjoyable occasion. The value of the camp cannot be over-estimated and in practically every case results in a better and deeper bond of understanding between the individual boy and the staff, as well as among the boys themselves.

The health of the boys has remained good throughout the year and only a total of 28 half days have been lost by 6 boys on account of sickness. Apart from the regular hours, meals and exercise which the boys enjoy while they are here, no doubt the fact that they do not come into contact with other children at the cinema, on public transport, etc., accounts very largely for the low incidence of sickness. Looking back through the registers, it would appear that over half of the absences due to sickness, have occurred within a week of Visiting Day, possibly due to the combined effects of infection and over-indulgence."

Home Teaching.

90. There are a number of pupils so physically handicapped that they are unable to attend any kind of school and must therefore of necessity be taught at home. Three peripatetic teachers are engaged for this work.

Speech Therapy.

91. Mr. W. G. Good, Senior Speech Therapist, reports:—

“ The four Speech Clinics continue to provide speech therapy for speech handicapped children of this City.

Miss Keir, Assistant Speech Therapist, left the Service in May 1953 and it has not been possible to secure the services of an assistant to date—although it is hoped to augment the staff early in 1954.

The 152 cases dealt with during the year were classified as follows:—

	Boys	Girls	Total
Stammering	75	22	97
Dyslalia	30	18	48
Cleft-Palate	2	3	5
Hyper/Hypo Rhinolalia ...	1	1	2
TOTALS ...	108	44	152

Fifty-two new cases were admitted to the clinic last year, and 46 cases were discharged. Of the latter, 37 were discharged as having greatly improved, 3 on attaining the school-leaving age, 1 because of parents leaving the City, and a further 5 for poor attendance or lack of parental co-operation.

Since the staff is not large enough to deal with all cases of speech defect referred for treatment, children on the waiting-list were “ screened ” to make a careful selection of those who are most in need of treatment.

Two hundred cases were “ screened ” this year and 60 children were found to have satisfactory speech. Of the 60, the vast majority had at one time been dyslalic and had improved over a period of several years. Thirty-five cases were in urgent need of speech therapy. Thirty-six cases were showing signs of improvement and a further 34 cases were noted where speech was “ static ”. These include certain types of stammers and a large group of children who have sigmatism (lispings) which does not

tend to improve without treatment. These two groups will be seen periodically when advice to the parents will be given, so that treatment can be practised at home.

In September a portable "Soundmirror" tape recording machine was made available for use in the Speech clinics and it has already proved most helpful.

Recording in speech therapy has many advantages. It provides an invaluable means of recording progress or lack of it over a long period of treatment.

Recording is vastly superior to any phonetic or descriptive method and it is impossible for most therapists to remember or note the minute steps forward in progress. The child can hear his progress made, say over a period of six months, and this does provide some incentive.

The mechanical details of recording are not so difficult as the art of using a recording machine skilfully in therapy. Some children are shocked on hearing themselves speak, and sometimes a shock is highly salutary, but sometimes definitely harmful and discouraging. If likely to be discouraging a recording can be made and possibly played back at a later stage in treatment.

Medical and Dental Arrangements.

92. The routine medical examinations and the general medical care of the special schools outside Liverpool are carried out by local medical practitioners whilst both specialist and dental treatment are provided either under the Local Authorities' arrangements, or, in a few instances, by special arrangements made in the areas.

All the medical and dental facilities of the School Health Service are available for the special school children.

Medical treatment under the Authority's schemes was carried out as follows:—

Defective Vision ...	...	...	...	...	...	264
Tonsils and Adenoids ...	...	...	...	...	...	4
Aural conditions ...	...	...	...	...	...	47

whilst children suffering from minor ailments were treated at the schools.

The following table shows the work carried out by the dental staff of the School Health Service at the Special and Approved Schools:—

TABLE 8.

	Special Schools	*Approved Schools
Number of inspection sessions	9	2
Number of treatment sessions	15	6
Total number of sessions	24	8
Number of children inspected	683	116
Number of children requiring treatment	392 (57.4%)	46 (39.6%)
Number of children treated	275	44
Number of attendances made for treatment	275	44
Number of teeth extracted	411	36
Number of teeth filled	44	14
Number of other operations	15	12
Number of administrations of general anaesthetics	239	18

* On behalf of the Children's Committee.

EMPLOYMENT OF HANDICAPPED PUPILS.

93. The system whereby an Officer of the Youth Employment Bureau attends at each of the special schools and interviews each leaver, along with the parent, head teacher and doctor, is working satisfactorily. The Bureau extend their services far beyond the offering of employment to these young people, following up their progress in the employment obtained and giving every help and encouragement. This type of help is not confined to pupils who have attended special schools, but extends to many others with disabilities which may affect full choice of employment.

The School Health Service is always ready to co-operate in this work and advice is given in many such cases, and, when necessary, special examinations are arranged.

Andrew B. Semple

Principal School Medical Officer.

MINISTRY OF EDUCATION.

**MEDICAL INSPECTION RETURNS,
YEAR ENDED 31st DECEMBER, 1953.**

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).**

A.—PERIODIC MEDICAL INSPECTIONS.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS :—

Entrants	...	...	...	...	...	...	...	...	13,503
Second Age Group	...	...	...	...	...	...	...	...	8,649
Third Age Group	...	...	...	...	...	...	...	...	11,189
TOTAL ...									33,341

NUMBER OF OTHER PERIODIC INSPECTIONS	7,120
--------------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-------

GRAND TOTAL	40,461
-------------	-----	-----	-----	-----	-----	-----	-----	-----	--------

B.—OTHER INSPECTIONS.

NUMBER OF SPECIAL INSPECTIONS	...	...	...	...	...	...	...	44,474
NUMBER OF RE-INSPECTIONS	...	...	...	...	...	...	...	66,508

TOTAL	110,982
-----------	-----	-----	-----	-----	-----	-----	-----	---------

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment
(excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual Pupils. (4)
ENTRANTS ...	302	1,560	1,785
SECOND AGE GROUP ...	877	792	1,547
THIRD AGE GROUP ...	1,372	672	1,933
TOTAL (PRESCRIBED GROUPS) ...	2,551	3,024	5,265
OTHER PERIODIC INSPECTIONS ...	516	586	1,042
GRAND TOTAL ...	3,067	3,610	6,307

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December 1953.

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		Number of Defects.		Number of Defects.	
		Requiring Treat- ment.	Requiring to be kept under observa- tion, but not requiring Treat- ment.	Requiring Treat- ment.	Requiring to be kept under observa- tion, but not requiring Treat- ment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	174	569	2,831	18
5	Eyes—(a) Vision	3,067	1,527	1,816	418
	(b) Squint	1,194	364	462	50
	(c) Other	89	206	3,931	12
6	Ears—(a) Hearing	141	315	252	88
	(b) Otitis Media	200	834	786	26
	(c) Other	68	206	2,102	9
7	Nose or Throat	778	3,250	535	165
8	Speech	101	312	114	74
9	Cervical Glands	15	1,399	11	16
10	Heart and Circulation	58	1,025	71	72
11	Lungs	196	2,172	91	141
12	Developmental—(a) Hernia	30	170	9	7
	(b) Other	49	591	4	10
13	Orthopaedic—(a) Posture	77	524	22	25
	(b) Flat Foot	274	594	61	16
	(c) Other	255	680	74	30
14	Nervous System—(a) Epilepsy	13	47	6	3
	(b) Other	18	237	23	40
15	Psychological—				
	(a) Development	57	261	258	79
	(b) Stability	34	443	106	36
16	Other	150	1,251	25,018	227

B.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups. (1)	Number of Pupils In- spected. (2)	A. (Good).		B. (Fair).		C. (Poor).	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	13,503	4,082	30·2	9,296	68·9	125	0·9
Second Age Group...	8,649	3,030	35·0	5,571	64·4	48	0·6
Third Age Group ...	11,189	4,997	44·7	6,122	54·7	70	0·6
Other Periodic Inspections	7,120	1,940	27·3	5,143	72·2	37	0·5
TOTAL ...	40,461	14,049	34·7	26,132	64·6	280	0·7

TABLE III.

Infestation with Vermin.

(1) Total number of examinations in the schools by the school nurses or other authorized persons	399,866
(2) Total number of individual pupils found to be infested	26,017
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	3,212
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)... ..	167

TABLE IV.
TREATMENT TABLES.

Group I.—Diseases of the Skin (excluding uncleanness, for which see Table III).

							Number of cases treated or under treatment during the year	
							by the Authority	otherwise
Ringworm—(i) Scalp	...	...	...	...	...	...	—	66
(ii) Body	...	...	...	...	...	...	55	—
Scabies	...	...	...	...	...	...	56	—
Impetigo	...	...	...	...	...	...	1,530	—
Other skin diseases	...	...	...	...	...	...	1,087	7
TOTAL ...							2,728	73

Group II.—Eye Diseases, Defective Vision and Squint.

							Number of cases dealt with	
							by the Authority	otherwise
External and other, excluding errors of refraction and squint	...	...	...	...	...	...	3,881	29
Errors of Refraction (including squint)	...	...	...	...	...	...	11,396*	75
TOTAL ...							15,277	104
Number of pupils for whom spectacles were—								
(a) Prescribed at School Clinics	...	...	...	...	...	...	8,161*	—
(b) Obtained...	...	...	...	...	...	...	Not known	—

Group III.—Diseases and Defects of Ear, Nose and Throat.

							Number of cases treated	
							by the Authority	otherwise
Received Operative Treatment—								
(a) for diseases of the Ear	...	...	...	...	...	...	125	88
(b) for Adenoids and Chronic Tonsillitis	...	...	...	...	...	...	—	477
(c) for other Nose and Throat conditions	...	...	...	...	...	...	—	125
Received other forms of treatment	...	...	...	...	...	...	4,239	—
TOTAL ...							4,364	690

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as In-patients in hospitals ...	599*	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or Out-patient departments	2,951	1

Group V.—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
	186	101
Number of pupils treated at Child Guidance Clinics ...		

Group VI.—Speech Therapy.

	Number of cases treated	
	By the Authority	Otherwise
	152	90*
Number of pupils treated by Speech Therapists ...		

Group VII.—Other Treatment Given.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	24,538	828
(b) Other than (a) above (specify)		
1. Heart, including rheumatism and chorea ...	101	211
2. All surgical conditions excluding Tuberculosis	—	470
3. Chest conditions excluding Tuberculosis ...	—	175
4. Tuberculosis, chest and "surgical" ...	—	41
5. Nervous condition	—	16
TOTAL	24,639	1,741

* Figures not received from Royal Liverpool Children's Hospital.

LIVERPOOL EDUCATION COMMITTEE.

LIST OF SCHOOL CLINICS SHOWING THE TREATMENT CARRIED OUT
INDICATED THUS—X.

	Minor Ailments	Dental	Defective Vision	Ear, Nose and Throat	Orthopaedic	Paediatric	Speech	Child Guidance
Balfour Institute	X							
Belle Vale	X	X						
Burlington Street		X						
Carnegie, Arrad Street		X						
St. Anne's School, Christian St.							X	
Clifton Street, Garston	X	X	X	X	X	X	X	
Dingle House					X			
Dovecot	X	X	X	X		X	X	
Everton Road	X	X	X	X	X			
Falkner Square (Child Guidance Centre) ...								X
Fazakerley	X	X						
Harper Street	X		X			X		
High Park Street	X							
Mill Road (Everton)		X						
Norris Green	X	X	X	X		X		
North Corporation	X			X				
Northumberland Street	X	X	X					
North Way		X						
Old Swan	X							
St. Anne Street			X					
Sugnall Street	X	X		X		X		
15/17, Upper Parliament Street		X						
Walton	X	X	X		X	X	X	
264, Westminster Road		X						
Westminster Road Congregational Church Hall	X							
TOTAL	15	15	8	6	4	6	4	1

